FOR STA

poges I and 2 with the State Department of Health or its designated agent, prior to burial, cremotion, or removal, and in any event within 72 hours ofter deoth.

arry delay is "pending" in pencil in Item 18. Give Poges 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. necessory, please execute the certificate, writing the word

VR A15ME (5) 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMO FILM #G382 11/1/66 pc MEDICAL EXAMINER'S CERTIFICATE OF DEATH PRESTON STREET, BALTIMORE, MARYLAND 21201

| 1409  | 6  | MEDICAL EXAMIN                       | ER'S CERTIFICATE  | OF DEATH  | 14098                                  |
|---|--|--------------------------------------|---|---|--|
| PLACE OF DEATH     a. COUNTY                            | Dorchester   | MARY                                 | o. STATE E1   | (Where deceosed lived, if institution:  b. COUNTY | Residence before admission)            |
| b. CITY OR TOWN   | (If autside carparate limits   | s, c. LENGTH OF STAY IN              | c. CITY OR TOWN (If o   | outside corporote limits, write RURAL             | and give neorest town)                 |
|   | nd give nearest tawn)<br>Ck - Rural  |                                      |   | ter Garden  | 48 - 3                                 |
|   |  | ot in hospitol, give street oddress) | d. STREET ADDRESS   | F P Ch  | e. IS RESIDENCE<br>ON A FARM?          |
|   | Waddell's Co   | orner                                | 129   | East Bay Street                                   | ON A FARM?<br>YES NO                   |
| 3. NAME OF<br>DECEASED<br>(Type ar print)               | Cleo   | rst Middle                           | Ballard   | 4. DATE Manth OF DEATH October                    | Day Year<br>16 19 66                   |
| S. SEX  | 6. COLOR OR RACE   | 7. MARRIED NEVER MARRIED             | B. DATE OF BIRTH  |   | UNDER I YEAR IF UNDER 24 HRS.          |
| Male  | Negro  | WIDOWED DIVORCED                     |   | approx. 50 yrs.                                   | lanths Days Hours Min.                 |
| 10o. USUAL OCCUPATIO<br>during most of working<br>Day L | ON (Give kind of work dane g life, even if retired) aborer                           | 10b. KIND OF BUSINESS OR INDUSTRY    | 11. BIRTHPLACE (Stat  | e or fareign cauntry)                             | 12. CITIZEN OF WHAT<br>COUNTRY?<br>USA |
| 13. FATHER'S NAME                                       |  |                                      | 14. MOTHER'S MAIDEN   | NAME  |  |
|   |  | ~                                    |   | - (2)   | 4.0                                    |
| 1S. WAS DECEASED EV<br>(Yes, no, ar unknown)            | /ER IN U.S. ARMED FORCES?<br>(If yes give war ar dotes of                            | of service) 16. SOCIAL SECURITY NO.  | 17. INFORMANT   | Address   | and Milling                            |
| Conditions, if one rise to immedia stoting the undi-    | ATH WAS CAUSED BY:  IMMEDIATE CAUSE  DUE  y, which gave the cause (a), erlying cause | TO (b) Loce a (c)                    | tion of l   | neart   | INTERVAL BETWEEN ONSET AND DEATH       |
| PART II. OTHER S  |  | ONTRIBUTING TO DEATH BUT NOT RELA    | ITED TO THE TERMINAL DISEASE CO                                   | ONDITION GIVEN IN PART 1(a)                       | 19. WAS AUTOPSY PERFORMED? YES NO      |
| 20a. EXTERIMAL C<br>PRIMARY A or CO<br>CAUSE OF DEATH.  | AUSE WAS<br>ONTRIBUTING  | 20b. DESCRIBE HOW INJURY OC          | CURRED. (Enter nature of injury in                                | Part I ar Part II of item 1B.)                    |  |
| Haur a.   | JURY Month, Day, Year<br>I.m. ( 0 - ) (6 19 (  | While - Not While                    | 20e. PLACE OF INJURY (Home for factory, street, office bldg., etc |   | (Caunty) (State)                       |
| 21. I certi   | fy that I took charge  | e of the remains described ob        | ove, held an Autopsy 💢  | Inspection , Inquiry                              |  |
| death resul   |  | al causes , Accident X,              | Suicide , Homicid   | e Undetermined mann                               |  |
| ACTUAL<br>SIGNATURE                                     | Busto K  | 'seeld                               | CHIEF MEDICA<br>M.D. ASSISTANT ME                                 | L EXAMINER  | 22. DATE SIGNED                        |
| EXAMINER'S<br>NAME (Type)                               | PW Riec  | Kerd E-New                           | . DEPUTY MEDIC  | CAL EXAMINER                                      | 10-16-66                               |
| REMOVALYSpecif  | 10:27  | Pical 23c. NAME OF CEMET             | ery or crematory School   | 23d. LOCATION (City ar Tawn)                      | (Caunty) (State)                       |
| 24 FUNERAL DIRECT                                       | ampton and S   | Son, Federalsburg                    | , Maryland 2Sa. REC   |   | TRAR'S SIGNATURE                       |

36.34

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
14057
CERTIFICATE OF DEATH

| 1.            | PLACE OF DEATH a. COUNTY Dorchester   | MARYLAND            |   | ce (Where deceased lived, ryland b.           | CHILITAL           | idence before admission)<br>chester       |
|---------------|---|---------------------|---|---|--------------------|---|
|               | Write DIDAL and give nearest town   | years               | c. CITY OR TOWN (IF<br>Cambri                         | outside corporate limit<br>dge                | s, write RURAL a   | nd give nearest town)                     |
|               | d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, gi<br>Cambridge Maryland Hospital   | ve street address)  | d. STREET ADDRESS<br>601 Ma                           | ryland Avenu                                  | e                  | e. IS RESIDENCE<br>ON A FARM?<br>YES NO X |
| 3.            | DECEASED (Type or print)  JULIAN  B.  | Middle<br>BR        | Last<br>INSFIELD                                      | DE  | Month<br>October   | Day Year 5, 19 66                         |
|               | Male White WIDOWED  | DIVORCED .          | Aug. 16, 19   | 08 last Airth                                 | Months D           | YEAR IF UNDER 24 HRS.<br>Hours Min.       |
| dur           | i. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired)  None-Cripple  | SINESS OR           | Dorcheste   | ounty & State, or foreign cor<br>r Co., Maryl | COL                | IZEN OF WHAT<br>INTRY?<br>USA             |
|               | Julian B. Brinsfiel   |                     |   | therine Murp                                  | hy                 |   |
| 15<br>(Ye     | . WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SE s, no, or unknown) (If yes give war or dates of service) Unknow   |                     | informant<br>s. Melvin T                              | urner, Sr.,                                   | ddress<br>Cambridg | e, Md.                                    |
| N             | 18. CAUSE OF DEATH [Enter only one cause per line for (a) PART I. DEATH WAS CAUSED BY:    MMEDIATE CAUSE (a)   DUE TO (b)   | one il              | eus, lie<br>with li                                   | thiasis                                       | ritis<br>cess      | INTERVAL BETWEEN ONSET AND DEATH          |
| CERTIFICATION | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D  202. ACCIDENT WAS UNDERLYING   20b. DESCRIBE OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | is, ev,             | docardi   | DISEASE CONDITION GIVE                        |                    | 19. WAS AUTOPSY PERFORMED? YES NO         |
| MEDICAL       | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OC<br>Hour a.m. While Not  | Vhile facto         | CE OF INJURY (Home, fa<br>ry, street, office bldg., e | arm, 20f. (City or tow                        | n) (Coun           | ty) (State)                               |
|               | 21. I certify that (I) (this hospital) attended the de  |                     |   | 966, to OCT                                   |                    |   |
|               | saw the deceased alive on Constant 19 22a. SIGNATURE  PHYSICIAN'S NAME (Type)  LEWIS M. Buy   | M.D. M.D.           | ATTENDING   | MED. STAFF DIRECTOR PHYS.                     |                    | e date stated above. TE SIGNED  TO GE     |
|               | Burial Oct 7, 1966 Bro  |                     | th. Church  | Brookview,                                    | Dor. Co            | )., Md.                                   |
| 24            | . FUNERAL DIRECTOR<br>LeCompte Funeral Service, Cambi   | oress<br>ridge, Mar | yland 25a. RE   | - N. 1000                                     | Claye              |   |

VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

| DECEASE (Type or print)  SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED N | 14098                  | 3                          |                    | CERTIF              | ICATE       | OF DEATH                 |              |                         | 1410            | 10          |             |
|--|------------------------|----------------------------|--------------------|---------------------|-------------|--------------------------|--------------|-------------------------|-----------------|-------------|-------------|
| Dorchester  MARYLAND  Lift or Nown (if causing cappose limits, write RURAL and give nearest lown)  Lift or Cambridge  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street oddress)  Cambridge  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street oddress)  Cambridge  d. SREET ADDRESS  Cambridge  d. SREET ADDRESS  Cambridge  d. SREET ADDRESS  Cambridge  Mary 1. Date  Month  Duy Year  NORTH OCLODER  SEASOPRES  S. DATE OF BIRTH  MIGHE  Carr  October  26 19 66  SEASOPRES  S. DATE OF BIRTH  MAY 25, 1910  D. LOSLA COLURATION (Give kind of work done unique not download) in event fartised.  NORTH OF DATE  NORTH OCHOPER  OLIVER OF PART IL COLURATION (Give kind of work done unique not download) in event fartised.  NORTH OF DATE  NORTH OCHOPER  NORTH OCHOPER  OLIVER OF PART IL COLURATION (Give kind of work done unique not download) in event fartised.  NORTH OCHOPER  NORTH OCHOPER  NORTH OCHOPER  NORTH OCHOPER  NORTH OCHOPER  OLIVER OF WINDOWS (SING) OF BIRTHS OR IL REPRESENTED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (CIT) IN COLURATION (Give kind of work done unique not download) in event fartised.  NORTH OCHOPER  S. MASDRESASS DUER IN U.S. ARMBORD GRESS?  NORTH OCHOPER  NORT |                        |                            |                    |                     |             |                          | Where deceo  |                         |                 | re odmissio | on)         |
| LIFTOR TOWN (If outside copporate limits, write RURAL and give nearest lown)  Cambridge  d. NAME of Dridge  Maryland Hospital  NAME of Britt  STX  ACCIDENTIAL OR INSTITUTION (If not in hospitol, give street oddess)  Cambridge  Maryland Hospital  ASTREET ADDRESS  TO Douglas Street  ST None  ON A STREET ADDRESS  TO Douglas Street  ST None  ON A STREET ADDRESS  TO Douglas Street  ST None  ON A STREET ADDRESS  TO Douglas Street  ST None  ON A STREET ADDRESS  TO Douglas Street  ST None  ON A STREET ADDRESS  TO Douglas Street  ST None  ON A STREET ADDRESS  TO Douglas Street  ST None  ON A STREET ADDRESS  TO Douglas Street  ST None  ON A STREET ADDRESS  TO Douglas Street  ST None  ON A STREET ADDRESS  TO DOUGLAS STREET A | o. COUNTY              | Darchosto                  | _ n                | MARY                | MAND        |                          | lond         | b. COUNTY               |                 | octo        | 22          |
| Willer RURAL ond give necess from Cambridge  d. NAME OF 16 pt 16 pt  A. MARE OF Maryland Hospital  706 Douglas Street  NAME OF DECAMB  PECAMBO T First  Middle  Carr  10 Douglas Street  Name OF OF First  No Carr  Or April Decamb Decam | b. CITY OR TOWN (      | If outside corporate limit |                    |                     |             |                          |              | ote limits, write RURAL |                 |             | 1-          |
| d. SIREET ADDRESS  Cambridge Maryland Hospital  No Britter Address  SEX   G. COLOR OR RACE   7. MARRIED   NIVER MARRIED   DIVORCED   DIVANCED   DIVORCED   | write RURAL one        | d give neorest town)       | "                  |                     |             |                          |              |                         |                 | 10          | 1           |
| NAME OF DEATH   COLOR OF ACE   The property   Middle   Carr   OF DEATH   October   Oc   |                        |                            |                    |                     |             |                          | ridge        | e                       |                 | a 15 DESI   | DENCE       |
| SAME OF DEATH (THEIR CHIP) CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)    SAME OF DEATH (THEIR CHIP) CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)    PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)    PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)    PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)    PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)    PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)    PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)    PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)    PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO   |                        |                            |                    |                     | - 1         |                          |              |                         |                 | ON A F      | ARM?        |
| Description   Country      | Cambridg               | e Marylai                  | nd Hos             | pital               |             | 706 De                   | ugla         | s Street                |                 | YES         | NO 🔯        |
| (Type or print)  SEX  SEX  Male  Note of Real F. MARRIED  Note of Divorced  Note of Sex of Se | 3. NAME OF             | Fi                         | rst                | Middle              |             | Lost                     |              | Month                   | Do              | y Yed       | or          |
| S. WAS DECEASED EVER IN U.S. ARMED FORCES?   Yes, no. o., currently in the Carr   Carbridge   Carr   Carbridge   Carr   Carbridge   Carr   County   Carr   Carbridge   Carbridge   Carr   Carbridge   Carr   Carbridge   Carbr   | (Type or print)        | Gore                       | lv                 |                     | C           | arr                      |              | Octobe                  | r 26            | 19          | 66          |
| Male Negro wildows in a dispersion of the course of the co | S. SEX                 |                            |                    | NEVER MARRIED       |             |                          |              | 9. AGF (In years        | IF UNDER 1 YEAR | IF UNDER    | R 24 HRS.   |
| DOLUMIN OCCUPATION Give kind of work done unity improved the county a Stote, or foreign country)  JOSEPH CAPT  JOSEPH CAPT  JAME  JOSEPH CAPT  JAME  JOSEPH CAPT  JAME  JOSEPH CAPT  JAME  JOSEPH CAPT  JOSEPH CAPT  JAME  JOSEPH CAPT  JOS | Mala                   | Norna                      |                    |                     |             | May 25. 1                | 910          |                         | Months Doys     | Hours       | Min.        |
| Uning most of working bile, even if retired)  3. FATHER'S NAME  3. FATHER'S NAME  3. FATHER'S NAME  3. FATHER'S NAME  4. MOTHER'S MAIDEN NAME  Martha Ennels  Martha Ennels  5. WAS DECEASED EVER IN U.S. ARMED FORCES?  Ten, no, occurring with a course of object of service in the control of the course of object of service in the control of the course of object of service in the control of the course of object of service in the control of the course  |                        |                            |                    |                     |             |                          |              |                         | 12 CITIZEN O    | OF WHAT     |             |
| 14. MOTHERS NAME   14. MOTHERS MAIDEN NAME   14. MOTHERS MAIDEN NAME   15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   ISSAC CATT   CAMBOT   SOCIAL SECURITY NO.   17. INFORMANT   ISSAC CATT   CAMBOT   INTERVAL BETWEEN ONSET AND DEATH   ONSE   | during most of working | life, even if retired)     | IND                | USTRY               | V-III       |                          |              | •                       |                 |             |             |
| Joseph Carr   Martha Ennels  |                        | rer                        |                    | Mane                |             |                          |              | o., Ma.                 | USA             |             |             |
| 15. WAS DECEASED EVER MUS. ARMED FORCES?   Yes, no, ocuphrown)   (If yes give wor or dotes of service)   16. SOCIAL SECURITY NO.   17. INFORMANT   17. INFORMANT   18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)   18. MERCHAL BETWEEN ONSET AND DEATH   18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)   19. WAS AUTOPSY   18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)   19. WAS AUTOPSY   18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)   19. WAS AUTOPSY   19. CO. ACCIDENT WAS UNDERLYING   19. WAS AUTOPSY   19. CO. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)   19. CO. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)   19. CO. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)   19. CO. ACCIDENT WORLD WORLD   19. CO. ACCIDENT WORLD WO   | IS. FAIHER S NAME      |                            |                    |                     | STE         |                          |              |                         | 1               |             |             |
| Is. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).   |                        |                            |                    | STATISTICS.         |             |                          | la E         |                         |                 |             |             |
| IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).]   PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (o)   Bronchogenic Cancinoma   IMMEDIATE CAUSE (o)   Bronchogenic Cancinoma   ONSET AND DEATH   | 15. WAS DECEASED EVE   | R IN U.S. ARMED FORCES?    | of service) 16. S  | OCIAL SECURITY NO.  | 17. IN      | FORMANT                  |              | Address                 |                 |             |             |
| 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).]   PART I. DEATH WAS CAUSED BY:   Conditions, if only, which gove rise to immediate couse (o), stoting the underlying couse (o), stoting the underlying couse (c)   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PORT II of item 18.)   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PORT II of item 18.)   PART II. OTHER SIGNIFICANT CONDITIONS COURSED TO PART II of item 18.)   PART II. OTHER SIGNIFICANT CONDITIONS COURSED TO PART II of item 18.)   PART II. OTHER SIGNIFICANT CONDITIONS COURSED TO PART II of item 18.)   PART II. OTHER SIGNIFICANT CONDITIONS COURSED TO PART II of item 18.)   PART II. OTHER SIGNIFICANT CONDITIONS COURSED TO PART II of item 18.)   PART II. OTHER SIGNIFICANT CONDITIONS COURSED TO PART II of item 18.)   PART II. OTHER SIGNIFICANT COURSED TO PART   | No No                  | (II yes give wor or dores  | ·                  |                     | 100         | Issac C                  | arr          | Cambr                   | idre.           | Md.         |             |
| PART II. OFFINISH WAS CAUSE (b)  DUE TO  Conditions, if only, which gove rise to immediate couse (o), stoting the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  19. WAS AUTOPSY PERFORMED?  YES ON A COUNTRIBUTING CAUSE OF DEATH (IF LITHER, NOTIFY MEDICAL EXAMINER)  20c. ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO COUNTRIBUTING CAUSE OF INJURY Month, Doy, Yeor Hour o.m.  19   | 18. CAUSE OF D         | EATH (Enter only one cou   | use per line for ( | o), (b), ond (c),)  |             |                          |              |                         | IN              |             |             |
| DUE TO  Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  19. WAS AUTOPSY PERFORMED? YES NO 20.  200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200. TIME OF INJURY Month, Doy, Yeor Hour o.m.  p.m.  19  201. I certify that (I) (this haspital of the deceased from April 1, 19 6, ta October 269 6) that (I) (we) lass saw the decased give an October 269, 19 6, and that death occurred at P. M., from causes and on the date stated above 220. SIGNATURE  21. I certify that (I) (this haspital of the deceased from April 1, 19 6, ta October 269 6) that (I) (we) lass saw the decased give an October 269, 19 6, and that death occurred at P. M., from causes ond on the date stated above 220. SIGNATURE  220. DATE SIGNED  221. PHYSICIAN'S NAME (Type)  322. DATE SIGNED  223. NAME (Type)  324. ADDRESS  225. RECD BY REGISTRAR 256. REGISTRAR'S SIGNATURE  226. DATE SIGNATURE  227. DATE SIGNATURE  228. DATE THEREOF  238. NAME (Type)  249. Cambridge  250. RECD BY REGISTRAR 256. REGISTRAR'S SIGNATURE  | PART I. DEA            |                            |                    |                     | n Mar       | nainoma                  |              |                         | OI              | NSET AND D  | )EATH       |
| Conditions, if any, which gove rise to immediate cause (a), storing the underlying cause lost.  PART II. O'HER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. O'HER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. O'HER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. O'HER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  19. WAS AUTOPSY PERFORMED?  YES NO   200. ACCIDENT WAS UNDERLYING  201. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)  202. THE OF INJURY Month, Doy, Yeor Hour o.m. p.m.  203. INJURY OCCURRED While Not While of Work of the Occupancy of State of Injury in Port I or Port II of item 18.)  204. INJURY OCCURRED (Finder of Injury in Port I or Port II of item 18.)  205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)  206. THE OF INJURY Month, Doy, Yeor Hour o.m. p.m.  217. I certify that (I) (this haspital) diffended the deceased from ADTII 1, 19 66, to October 2,69 6 4 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   | 1621                   |                            |                    | GHOREHTT            | · Vai       | C.HOHA                   |              |                         |                 | 100         | -           |
| DUE TO    stoting the underlying couse   (c)   | 1                      |                            |                    |                     |             |                          |              |                         | 16              | mont        | the         |
| Solution   State   S   |                        | to couse (a)               |                    |                     |             |                          |              |                         |                 | 111011      | DITE        |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)  19. WAS AUTOPSY PERFORMED? YES NO  20. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20. TIME OF INJURY MONTH, Doy, Yeor Hour o.m.  19   |                        | rlying couse DUE           | 10                 |                     |             |                          |              |                         |                 |             |             |
| 200. ACCIDENT WAS UNDERLYING  200. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)  200. TIME OF INJURY Month, Doy, Yeor Hour o.m.  200. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)  201. I certify that (I) (this haspital) offended the deceased from April , 19 60, ta October 209 60 that (I) (we) lass saw the deceased gray an October 209, and that death occurred at P. M., from causes ond on the date stated above 200. SIGNATURE  202. SIGNATURE  M.D. ATTENDING MED. STAFF 10 - 29 - 66  203. BURIAL, CREMATION, PHYS.  204. ADDRESS  205. REMETERY OR CREMATORY  206. (City or town) (County) (Stote)  206. MED. STAFF 10 - 29 - 66  207. PHYSICIAN'S DIRECTOR PHYS.  208. DATE THEREOF 209. ADDRESS  209. BURIAL, CREMATION, 10 - 29 - 66  200. BURIAL, CREMATION, 10 - 29 - 66  201. BURIAL, CREMATION, 10 - 29 - 66  202. PHYSICIAN'S NAME OF CEMETERY OR CREMATORY 10 - 29 - 66  203. BURIAL, CREMATION, 10 - 29 - 66  204. FUMERAL DIRECTOR 205. REGISTRAR'S SIGNATURE  |                        |                            |                    |                     |             |                          |              |                         |                 |             |             |
| 200. ACCIDENT WAS UNDERLYING  200. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)  200. TIME OF INJURY Month, Doy, Yeor Hour o.m.  200. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)  201. I certify that (I) (this haspital) offended the deceased from April , 19 60, ta October 209 60 that (I) (we) lass saw the deceased gray an October 209, and that death occurred at P. M., from causes ond on the date stated above 200. SIGNATURE  202. SIGNATURE  M.D. ATTENDING MED. STAFF 10 - 29 - 66  203. BURIAL, CREMATION, PHYS.  204. ADDRESS  205. REMETERY OR CREMATORY  206. (City or town) (County) (Stote)  206. MED. STAFF 10 - 29 - 66  207. PHYSICIAN'S DIRECTOR PHYS.  208. DATE THEREOF 209. ADDRESS  209. BURIAL, CREMATION, 10 - 29 - 66  200. BURIAL, CREMATION, 10 - 29 - 66  201. BURIAL, CREMATION, 10 - 29 - 66  202. PHYSICIAN'S NAME OF CEMETERY OR CREMATORY 10 - 29 - 66  203. BURIAL, CREMATION, 10 - 29 - 66  204. FUMERAL DIRECTOR 205. REGISTRAR'S SIGNATURE  | PART II. OTHER ST      | GNIFICANT CONDITIONS       | ONTRIBUTING TO     | DEATH BUT NOT REL   | ATED TO TH  | E TERMINAL DISEASE COI   | NDITION GIV  | EN IN PART 1(o)         | 19              | . WAS AUTO  | DPSY<br>ED? |
| 21. I certify that (I) (this haspital) affended the deceased from April , 19 66, ta October 209 60 that (I) (we) las saw the deceased alreg an Oct 26, 1966, and that death occurred at P. M., from causes ond on the date stated above 220. SIGNATURE    M.D.   ATTENDING   MED.   STAFF   22b. DATE SIGNED   10-29-66  | AIIO                   |                            |                    |                     |             |                          |              |                         |                 |             |             |
| 21. I certify that (I) (this haspital) affended the deceased from April , 19 66, ta October 209 60 that (I) (we) las saw the deceased alreg an Oct 26, 1966, and that death occurred at P. M., from causes ond on the date stated above 220. SIGNATURE    M.D.   ATTENDING   MED.   STAFF   22b. DATE SIGNED   10-29-66  | 20o. ACCIDENT WA       |                            | 205. DES           | CRIBE HOW INJURY OF | CCURRED. (E | nter noture of injury in | Port I or Po | rt II of item 18.)      |                 | 7           |             |
| 21. I certify that (I) (this haspital) affended the deceased from April , 19 66, ta October 209 60 that (I) (we) las saw the deceased alreg an Oct 26, 1966, and that death occurred at P. M., from causes ond on the date stated above 220. SIGNATURE    M.D.   ATTENDING   MED.   STAFF   22b. DATE SIGNED   10-29-66  | OR CONTRIBUTING        |                            |                    |                     |             |                          |              |                         |                 |             |             |
| 21. I certify that (I) (this haspital) affended the deceased from April , 19 66, ta October 209 60 that (I) (we) las saw the deceased alreg an Oct 26, 1966, and that death occurred at P. M., from causes ond on the date stated above 220. SIGNATURE    M.D.   ATTENDING   MED.   STAFF   22b. DATE SIGNED   10-29-66  | S 20c TIME OF INI      |                            | 20d IN             | IURY OCCURRED T     | 20e PLACE   | OF INJURY (Home form     | n. 20f       | (City or town)          | (County)        | (           | (Stote)     |
| 21. I certify that (I) (this haspital) affended the deceased from April , 19 66, ta October 209 60 that (I) (we) las saw the deceased alreg an Oct 26, 1966, and that death occurred at P. M., from causes ond on the date stated above 220. SIGNATURE    M.D.   ATTENDING   MED.   STAFF   22b. DATE SIGNED   10-29-66  | Hour o.                | m.                         | 2441.11            | 22 - 22 11 11       |             |                          |              | (4)                     | (-35)           |             |             |
| saw the deceased give an Oct 26, 1966, and that death occurred at P. M, from causes and on the date stated above 220. SIGNATURE    M.D.   ATTENDING   DIRECTOR   PHYS.   10-29-66  | D.1                    |                            | ot work            | ot work             |             |                          | 10 / /       | Not-be-                 | 260 55          | 1           |             |
| 220. SIGNATURE  M.D. ATTENDING DIRECTOR | 21. I certi            | ify that (I) (this has     | spital aftend      | ed the deceased     | trom        | pril.                    | 19_00,       | to UCCODET              | -400 001        | hat (I) (   | we) las     |
| ATTENDING   ATTENDING   M.D.   ATTENDING   MED.   DIRECTOR   STAFF   DIRECTOR   DIRECT   |                        |                            | ( T.) 26           | 1966,               | and that    | death occurred at        |              | M, from causes or       |                 |             | 1 apove     |
| M.D. PHYS. DIRECTOR PHYS. LI 10-29-66  22c. PHYSICIAN'S NAME (Type)  30. BURIAL, CREMATION, REMOVAL (Specify)  10/30/66  23c. NAME OF CEMETERY OR CREMATORY  23d. LOCATION (City or Town) (County) (Stote)  Cambridge Der Md.  24. FUMERAL DIRECTOR  ADDRESS  250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE   | 22o. SIGNATURE         | 19/1                       | 1/                 |                     |             | ATTENDING -              | MED.         | STAFF -                 |                 |             |             |
| NAME (Type)  J. E. Win Fassett, M. D. 727 Pine Street Cambridge, Md.  130. BURIAL, CREMATION, REMOVING (Specify)  10/30/66  Waugh  236. REGISTRAR 256. REGISTRAR'S SIGNATURE   |                        | Yes                        | My                 |                     | M.D.        | PHYS.                    |              |                         | 10-29           | -00         |             |
| 230. BURIAL, CREMATION, REMOVAL (Specify)  10/30/66  Waugh  24. FUNERAL DIRECTOR  ADDRESS  250. REC'D BY REGISTRAR  250. REGISTRAR'S SIGNATURE   |                        |                            |                    |                     |             |                          |              |                         |                 |             |             |
| 230. BURIAL, CREMATION, REMOVAL (Specify)  231. DATE THEREOF 232. NAME OF CEMETERY OR CREMATORY 232. NAME OF CEMETERY OR CREMATORY 2332. LOCATION (City or Town) (County) (Stote) 24. FUMERAL DIRECTOR 25. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE   | NAME (Type             | J. EW                      | win Fa             | ssett, M            | . D.        | 1727 Pin                 | e St         | reet Ca                 | bridg           | e, M        | 12.         |
| BEMOVAI (Specify) 10/30/66 Waugh Cambridge Der Md.  24. FUMERAL DIRECTOR 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE  | 23o. BURIAL CREMATIO   |                            |                    |                     |             |                          |              |                         | ) (Count        | y) (S       | tote)       |
| 24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE  |                        | A                          |                    |                     |             |                          |              |                         |                 |             |             |
|  |                        |                            | 0/00               |                     | TE OF       | 250 RFC                  |              |                         |                 |             | Tel         |
| Tielinel Calles Carbridge, Md. DATE NOV 2 1966 Whoule O  | 24. TUTENAL DIRECTO    | 100011                     | 1.                 |                     |             |                          |              |                         |                 |             |             |

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physician ond completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please semove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and many event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Poge 4 moy be retoined by the hospital or ottending physicion.

VR A15 (4) 20 M 1/66 The state of the s THE WAY WHEN AS A STREET WAS A STREET MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

|               | 1408   | 3   | CERTIFICAT  | E OF DEATH   |   | 4101  |
|---------------|--|---|---|--|---|---|
|               | PLACE OF DEATH  D. COUNTY  | rchester  | maryland  | o. STATE Mary.   | Where deceased lived, if institution: Reb. COUNTY | rchester  |
| ь             | c. CITY OR TOWN (If write RURAL and Cambric  | autside carparate limits<br>give nearest tawn)                                | c. LENGTH OF STAY IN 16   | 1  | tside corporate limits, write RURAL on ride       | a give nearest tawn)                                      |
| d             |  |   | t in haspital, give street oddress)   | d. STREET ADDRESS  |   | e. IS RESIDENCE<br>ON A FARM?                             |
|               | 521  | H4 Pine   |   |  | Pine Street A DATE Month                          | Doy Year  |
| (             | NAME OF<br>DECEASED<br>Type or print)  | Fir<br><b>Ion</b>   |   | Coleman  | OF DEATH Oct.                                     | 10 1966   |
| S. S          |  | 6. COLOR OR RACE  | 7. MARRIED NEVER MARRIED  | 8. DATE OF BIRTH   | Jast birthdov) Mon                                | NDER 1 YEAR   IF UNDER 24 HRS<br>ths Days Hours Min.      |
|               | Female   | Negro   | WIDOWED DIVORCED  | Oct. 2, 1  |   | LO CITIZEN OF WHIAT                                       |
| durir         | ng most of warking li  | (Give kind of work done ife, even if retired)  EWITE.                         | 10b. KIND OF BUSINESS OR INDUSTRY   | Dorchest   | er Co., Md.                                       | 2. CITIZEN OF WHAT COUNTRY?                               |
| 13.           | FATHER'S NAME  | ohn W.  | Kiah  | 14. MOTHER'S MAIDEN Henri                                      |   |   |
| 15.           | WAS DECEASED EVER  | SIN II S APMED EODCESS  | TA SOCIAL SECURITY NO. 17   | INFORMANT  | Address   |   |
| (Yes          | no, ar unknown)  | (If yes give war ar dates a   | service) 214-28-3047  | Lorraine   | Coleman Sam                                       | le  |
| П             | PART I. DEATI  4201  Conditions, if any, rise to immediate stating the under last. | H WAS CAUSED BY: IMMEDIATE CAUSE DUE which gave a couse (o), lying cause  DUE | TO (b)  |  |   | INTERVAL BETWEEN ONSET AND DEATH                          |
| CERTIFICATION |  |   | ONTRIBUTING TO DEATH BUT NOT RELATED TO   |  |   | PERFORMED?  YES NO  |
|               | OR CONTRIBUTING<br>(IF EITHER, NOTIFY I  | CAUSE OF DEATH  | 20b. DESCRIBE HOW INJURY OCCURRED   | . (Enter noture of injury in                                   | Part I ar Part II at item 18.)                    |   |
| MEDICAL       | 20c. TIME OF INJU<br>Hour a.m  | 10  |   | ACE OF INJURY (Hame, farn<br>ctory, street, office bldg., etc. |   | (County) (Stote)  |
| M.            | p.m  |   |   |  |   |   |
| ME            | 21. 1 certif   | v that (1) (this has  | pital) attended the deceased fram_  | Oct. 8 , ot death accurred of                                  | 966, to Oct. 10,<br>M, fram causes ond            | 19 <u>66</u> , that (I) (we) k<br>on the date stated abov |
| ME            | 21. 1 certif   | v that (1) (this has  | pital) attended the deceased fram_<br>ct, 10 1966, and the  | ot death accurred ot  A.D. PHYS.                               | M, fram causes ond                                | on the date stated abov                                   |
| ME            | 21. I certif   | y that (I) (this has  | pital) attended the deceased fram_<br>ct, 10 1966, and the  | A.D. PHYS. 22d. ADDRESS  | MED. STAFF COURSECTOR PHYS. C                     | on the date stated abov                                   |
| 230.          | 21. 1 certif<br>saw the de<br>22a. SIGNATURE                                       | y that (I) (this has becased alive on O  J. Edw1  N. 23b. DATE THI            | pital) attended the deceased fram_ct_10_19_66, ond the management of the management | A.D. ATTENDING PHYS. 22d. ADDRESS 727 P1.11                    | MED. STAFF COURSECTOR PHYS. C                     | on the date stated above DATE SIGNED Oct. 13, 196         |

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director and 3 should be detached for use as the hurral-transit permit. Then all the demonstration pages 2 and 2.

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Light Channal Selection (1991 Entitle) by the world of the contract more than the contract of FULL The first of the same of the s The state of the s 

PEPARTMENT OF HEALTH

00741 12112 1 A Shirt Jan X 1 \* \$ 1 3 (1) : 1 (1) - 1 (1) \* (1) \* (1) \* (1) ALAND STAND STANDS SOUNDED TO MANAGE TO AND STANDS THE TO STATE OF THE SECOND  MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

| 1410                        | 4                                     |                 | CERTIFI                | CAIL       | OF DEATH                       | 92.3               |                    | 411        |                            |       |
|-----------------------------|---------------------------------------|-----------------|------------------------|------------|--------------------------------|--------------------|--------------------|------------|----------------------------|-------|
| . PLACE OF DEATH            |                                       |                 |                        | I          | 2. USUAL RESIDENCE (           | Where deceosed     |                    |            | before odmission           |       |
| o. COUNTY                   | Dorchester                            | 2               | MARYL                  | AND        | o. STATE Mary                  | land               | b. COUNT           | Dore       | chester                    |       |
| b. CITY DR TOWN             | (If outside carparate limit           |                 | c. LENGTH OF STAY IN   | 1b         | c. CITY OR TOWN (If or         | tside corporate    | limits, write RURA | L ond give | neorest town)              |       |
| write RURAL a               | nd give neorest town)                 |                 | Life                   |            | Rural-                         | Churc              | h Cree             | le         | 19-1                       |       |
|                             | ITAL OR INSTITUTION (If n             | ot in hospitol, |                        |            | d. STREET ADDRESS              | 0                  | 02 00              | -          | e. IS RESIDE               | NCE   |
| Cambri                      | age Maryla                            | and He          | spital                 |            |                                |                    |                    |            | YES N                      |       |
| 3. NAME OF                  |                                       | irst            | Middle                 |            | Lost                           | 4. DATE            | Month              |            | Doy Year                   |       |
| DECEASED<br>(Type or print) | Goldi                                 | Le              | Rufus                  |            | Dean                           | OF<br>DEATH        | Oct.               |            | 13 196                     | 6     |
| S. SEX                      | 6. COLDR DR RACE                      | 7. MARRIED      | NEVER MARRIED          | 8.         | DATE OF BIRTH                  |                    | GE (In years       | IF UNDER 1 |                            |       |
| Male                        | Negro                                 | WIDOWED         | DIVORCED               |            | ov. 10, 1                      | 899                | 66. Yrs.           | Months     | DOYS HOURS                 | min.  |
| Oo. USUAL OCCUPATION        | ON (Give kind of work done            | 10b. KI         | IND OF BUSINESS OR     |            | 11. BIRTHPLACE (County         | & Stote, or foreig | gn country)        | 12. CITIZ  | ZEN OF WHAT<br>NTRY?       |       |
| luring most of working      | g life, even if retired)              | IN -            | IDUSTRY                |            | Dorches                        | ter Co             | . Md.              | 00         | USA                        |       |
| 13. FATHER'S NAME           |                                       |                 |                        | 47.4       | 14. MOTHER'S MAIDEN            | NAME               |                    |            |                            |       |
|                             | Richar                                | rd De           | an                     | 10.00      | Sarah                          | Harr               | is                 |            |                            |       |
| IS. WAS DECEASED E          | ALD IN ITS ADMED EODGES               | 16              | SOCIAL SECURITY NO.    | 17. IN     | IFORMANT                       |                    | Address            | s          |                            |       |
| (Tes, Por of unknown        | (If yes give war or dates             | of service) 21  | 3-07-6580              | A          | Vermount                       | Dean               | Churc              | h Cr       | eek, Md                    |       |
|                             | DEATH (Enter only one co              |                 |                        |            |                                |                    |                    |            | INTERVAL BETW              | EEN   |
|                             |                                       |                 | onary thr              | comb       | osis                           | 29.7               |                    | 1          | ONSET AND DEA              | 71H   |
| 420                         |                                       | E TD            |                        |            |                                | 4                  | -1-1-2-11          |            |                            |       |
| Conditions, if or           | y, which gove )                       | (b)             |                        |            |                                |                    |                    |            | One da                     | У     |
| rise to immedia             |                                       | E TD            |                        |            |                                |                    |                    |            |                            |       |
| lost.                       | )                                     | (c)             |                        |            |                                |                    |                    |            |                            |       |
| PART II. OTHER              | SIGNIFICANT CONDITIONS                | CONTRIBUTING    | TO DEATH BUT NOT RELA  | TED TO TH  | HE TERMINAL DISEASE CO         | NDITION GIVEN      | IN PART 1(o)       |            | 19. WAS AUTOP<br>PERFORMED | SY    |
| € B1                        | eeding du                             | odenal          | ulcer                  |            |                                |                    |                    |            | YES N                      |       |
| 200. ACCIDENT W             | AS UNDERLYING                         | 20b. DE         | ESCRIBE HOW INJURY OCC | CURRED. (E | enter noture of injury in      | Port I or Port II  | of item 18.)       |            |                            |       |
| (IF EITHER, NOTIF           | IG CAUSE OF DEATH Y MEDICAL EXAMINER) |                 |                        |            |                                |                    |                    |            |                            |       |
| 20c. TIME OF IN             | IJURY Month, Doy, Year                |                 |                        |            | E OF INJURY (Home, for         |                    | City or town)      | (Cour      | nty) (St                   | ote)  |
|                             | o.m. 19                               |                 | k ot work              |            | ry, street, office bldg., etc. | 7.0                |                    | 100        |                            |       |
| 21. I cer                   | tify that (I) (this ha                | spital) atten   | ided the deceased t    | fram       | [0-12- ]                       | 19 <u>66, ta</u>   | 10-13-             | , 19_6     | 9 that (I) (w              | e) la |
| saw the                     | deceased alive an_                    | 10-13           | - 19 66 a              | ind that   | death accurred a               | M,                 | from causes a      | ınd an th  | e date stated              | abav  |
| 220. SIGNATUR               |                                       | 0 =             | /                      |            | ATTENDING FOR                  | MED.               | STAFF -            |            | TE SIGNED                  | 5     |
|                             | Acres                                 | un              |                        | M.D        | . PHYS.                        | DIRECTOR L         | PHYS.              | 001        | t. 17,                     | 190   |
| 22c. PHYSICIAN              | J. Edwin                              | To an           | att M D                |            | 727 Pin                        | a Cha-             | - d-               | la ea #    | Sun bis                    |       |
|                             |                                       |                 | ett, M.D.              |            |                                | e Stre             |                    | mbri       |                            |       |
| 230. BURIAL, CREMA          | L.A                                   |                 | 23c. NAME OF CEMET     |            |                                |                    | TION (City or Tow  |            | ,,                         | ote)  |
| BEMOVALISPEC                | 10/13                                 | 5/66            | Linas                  | Ro         | ad                             | Don                | cheste             | r Co       | Md                         |       |
| 24. FUNERAL DIREC           | 1 / 1 / 1                             | 11.             | Cambrid                | 100        |                                |                    |                    | -          |                            |       |
| -111/11                     | 16, 1 . 14                            | 1416            | OCT INTIT              | ESC,       | DATE DATE                      | 01.1 2.1           | 1966               | Mula       | la O. 1                    |       |

VR A15 (4) 20 M 1/66

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Dept, af Health priar ta burial, cremation, or removal, and in any event, within 72 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital or attending physician.

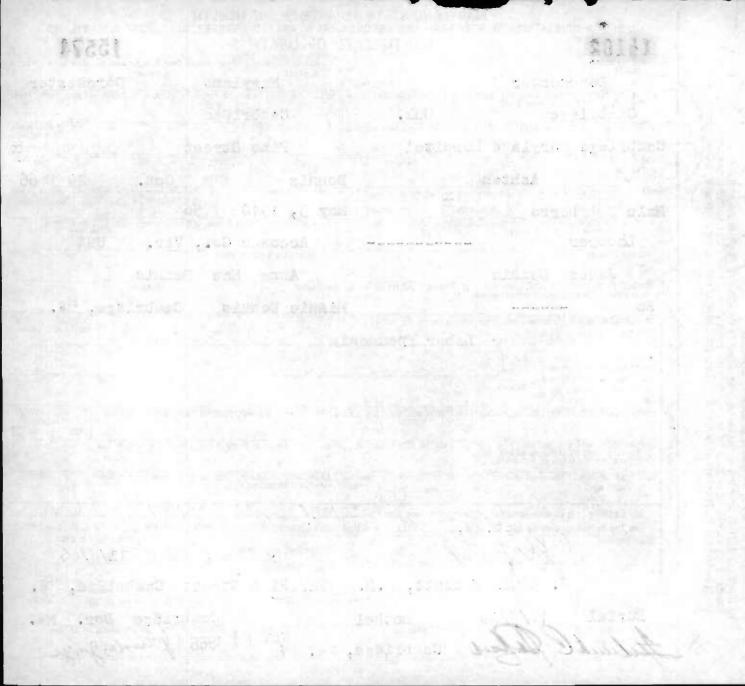
The many are more than the part of the first of the second RULLE MORTE Mittelson in the second of the TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in an event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH

|       | 141112   | CERTIFICATE                   | UT DEATH  |                                    | 15574                               |
|-------|--|-------------------------------|---|------------------------------------|-------------------------------------|
| 1.    | PLACE OF DEATH a. COUNTY   |                               | 2. USUAL RESIDENC                                     | E (Where deceased lived, If instit | tution: Residence before admission) |
|       | Dorchester   | MARYLAND                      | a. STATE  | yland b. count                     | Dorchester                          |
|       | b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)   | c. LENCTH OF STAY IN 1b       |   |                                    | RURAL and give nearest town)        |
|       | Canbridge  | Unk.                          | · ·   | ridge                              | 10 /                                |
| -     | d. NAME OF HOSPITAL OR INSTITUTION (If not in h  | ospital, give street address) | d. STREET ADDRESS                                     | Linge                              | e. IS RESIDENCE                     |
| -     |  |                               |   |                                    | ON A FARM?                          |
| _     | Cambridge Maryland Hos   | - M                           |   | Street                             | YES NO                              |
| J.    | NAME OF First DECEASED   | Middle                        | Last  | 4. DATE Month                      | Day Year                            |
| -     | (Type or print) Ashton   |                               | ennis   | DEATH Oct.                         | 29 19 66                            |
| 5.    | SEX 6. COLOR OR RACE 7. MARRIED  | NEVER MARRIED   8             | . OATE OF BIRTH                                       |                                    | Onths   Days   Hours   Min.         |
|       | Male Negro WIDOWED   |                               | lay 3, 191  | 0   56 yrs.                        |                                     |
| du:   | a. USUAL OCCUPATION (Cive kind of work done   10b. ring most of working life, even if retired)   | KIND OF BUSINESS OR INDUSTRY  | 11. BIRTHPLACE (Co                                    | unty & State, or foreign country)  | 12. CITIZEN OF WHAT COUNTRY?        |
|       | Laborer  |                               | Accoma  | c Co., Vir.                        | USA                                 |
| 13.   | . FATHER'S NAME  |                               | 14. MOTHER'S MAID                                     | EN NAME                            |                                     |
|       | James Dennis   |                               | Anna  | Mae Dennis                         |                                     |
| 15    | 5. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. es, no, or unkown)   (If yes give war or dates of service)  | . SOCIAL SECURITY NO.   17.   | INFORMANT   | Address                            |                                     |
| ( , , | No The distriction of the service of | N                             | finnie Den  | nis Cambri                         | idea lug                            |
|       | 18. CAUSE DF DEATH [Enter only one cause per   |                               | ITIMITE DOIL  | VERDI.                             | INTERVAL BETWEEN                    |
|       | PART I. DEATH WAS CAUSED BY:   | bar Pneumoni                  | 0   |                                    | ONSET AND DEATH                     |
|       | 4 41 V   | Mar. Heamour                  | a   |                                    |                                     |
|       | Conditions, If any, which  |                               |   |                                    |                                     |
|       | gave rise to Immediate   |                               |   |                                    |                                     |
|       | cause (a), stating the DUE TO  |                               |   |                                    |                                     |
| 20    | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB  | LITING TO DEATH BUT NOT BELAT | TED TOTHE TERMINAL D                                  | ISEASE CONDITION CIVEN IN DA       | ART 1(a) 19. WAS AUTOPSY            |
| ATI   | TART TO THE ROTOR TO AND THOROUGH THE  | DITIO TO DEATH BOTH OF RELEAT | ILD TO THE TERMINAL D                                 | SEASE CONDITION GIVEN INTE         | PERFORMED?                          |
| FIC   | 20a. ACCIDENT WAS UNDERLYING 1 20b.  | DESCRIBE HOW INJURY OCCUP     | DDED (Fator notions of                                | Industrial Dark Law Park II of     | YES NO X                            |
| ERT   | OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  | DESCRIBE HOW INJURY OCCUP     | KRED. (Enter nature of                                | injury in Part I or Part II or     | item 18.)                           |
| 7     |  | INDU CONTRACTO LOS DIAS       | - 05 INNION (II.                                      | 1 005 (00) - 1: -1                 | (01-1-)                             |
| 010   | 20c. TIME OF INJURY Month, Day, Year 20d. I<br>Hour a.m. While   | factor                        | E OF INJURY (Home, far<br>y, street, office bldg., et |                                    | (County) (State)                    |
| ME    | p.m. 19 at wor   | k at work                     |   |                                    |                                     |
|       | 21. I certify that (I) (this hospital) attend  |                               | /15/  | 56, to 10/29/                      | , 19 66, that (I) (we) last         |
|       | saw the deceased alive on Oct. 29,   | 1966, and that                | death occurred at                                     |                                    | nd on the date stated above.        |
|       | 22a. SIGNATURE   |                               | ATTENDING M   |                                    | 22b. DATE SICNED                    |
|       | To pro   | M.D.                          | PHYS. Z D   | IRECTOR PHYS.                      | 11/4/66                             |
|       | 22c. PHYSICIAN'S<br>NAME (Type)  |                               | 22d. ADDRESS  |                                    |                                     |
|       | J. Edwin Fa:   | ssett, M.D.                   | 727 Pine  | Street Cam                         | bridge, "d.                         |
| 23a   | REMOVAL (Specify)  | 23c. NAME OF CEMETERY         | OR CREMATORY  | 23d. LOCATION (City, tow           | n or county) (State)                |
|       | Burial 11/5/66   | Bethel                        |   | Cambridge                          | Dor. Md.                            |
| 24    | . FUNERAL DIRECTOR   | ADDRESS                       | 25a REC   | D BY REGISTRAR 25b. REG            | ISTRAR'S SICNATURE                  |
|       | TT. I I I I I VII Au. I  | (1 1 1 2                      |   | THE INTERNATION WILLIAM            |                                     |

VR A15 (4) 20M 1/65



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FOR STATE** HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Wicomico delay is PM3. Page autside carparate limits c. LENGTH OF STAY IN 1b (If autside carparate limits, write RURAL and give nearest tawn) and give negrest town) mar d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) haurs Item 18. Give Pages 1, Office alang with farm YES NO V the State 4020 This certificate shauld be executed within 24 haurs after death. NAME OF Middle Last 4. DATE Year Day within 72 DECEASED al ELLEN. 10 16 1966 (Type ar print) 4031e DEATH 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH 9. AGE (In years NEVER MARRIED Manths Days Haurs WIDOWED DIVORCED event 10 10a. USUAL OCCUPATION (Give kind af wark dane 1Db. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (State or fareign country) during most of working life, even if retired) COUNTRY? INDUSTRY ELHORIGEEUTT Maryland HOREMANDEN .⊑ the certificate, writing the ward "pending" in pencil is 4 shauld be farwarded ta the Chief Medical Examings? 14. MOTHER'S MAIDEN NAME . = unknown Ei Ei and (Grand daughter WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or unknawn) (If yes give war ar dates af service) remayal. 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH to burial, crematian, ar IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause D used WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO 2Da. EXTERNAL CAUSE WAS PRIMARY □ ar CONTRIBUTING ST CAUSE OF DEATH. designated agent, priar 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) 3 shauld AL EXAMINER: 20e. PLACE OF INJURY (Hame, farm, (Caunty) (State) 20c. TIME OF INJURY Manth, Day, Year (City ar tawn) factory, street, affice bldg., etc.) Nat While may be retained far yaur FUNERAL DIRECTOR: Page 1966 the funeral directar. Page at wark 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion deoth resulted from: Notural causes Accident X Suicide [ Undetermined monner Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY TO FUNERAL Health ar i DEPUTY MEDICAL EXAMINER Address (Street, city, tawn, ar caunty) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL CREMATION 23b. DATE THEREOF REMOVAL (Specify) Burial Wicomico County, Line Church Cemetery 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR VR A15ME (5) HOLLOWAY & COMPANY, SALISBURY, MARYLAND 1966 6M 1/66

Item 21 Film 382 10-31-66 MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

| 1 | 1410                          | 4                                  | CERTIFICA  | ATE OF DEATH  |                                      | 14105                              |
|---|-------------------------------|------------------------------------|--|---|--------------------------------------|------------------------------------|
|   | . PLACE OF DEATH              |                                    |  |   | Where deceased lived, if institution | on: Residence before admission)    |
|   | o. COUNTY                     | Dorchester                         | MARYLAND   |   | yland b. count                       | Dorchester                         |
|   | b. CITY OR TOWN (             | If outside corporate limits,       | c. LENGTH OF STAY IN 1b  | c. CITY OR TOWN (If or  | utside corporate limits, write RUR   | AL and give nearest town)          |
|   | Cambr                         | give nearest tawn)                 | 1 year   | Cam   | bridge                               | 09.1                               |
|   | d. NAME OF HOSPIT             | AL OR INSTITUTION (If not in I     | ospitol, give street oddress)  | d. STREET ADDRESS   |                                      | e. IS RESIDENCE<br>ON A FARM?      |
| 3 | Cambri                        | dge Marylan                        | d Hospital   | 858   | Park Lane                            | YES NO X                           |
|   | B. NAME OF<br>DECEASED        | First                              | Middle   | Lost  | 4. DATE Month                        |                                    |
| 4 | (Type or print)               | Rosie                              | Daniel   | Horton  | OF DEATH Oct                         | • 7 1966                           |
|   | S. SEX                        | 6. COLOR OR RACE 7. A              | MARRIED NEVER MARRIED  | B. DATE OF BIRTH  | 9. AGE (In years                     | IF UNDER 1 YEAR   IF UNDER 24 HRS. |
|   | Female                        | -10                                | IDOWED DIVORCED  |   | 1894 72 yrs.                         | Months Doys Hours Min.             |
|   | Oo. USUAL OCCUPATION          | (Give kind of work done            | 10b. KIND OF BUSINESS OR INDUSTRY  | 11. BIRTHPLACE (County  | & Stote, or foreign country)         | 12. CITIZEN OF WHAT                |
| 1 | during most of working Labore | r                                  | TINDUSTRY  | North (   | Carolina                             | COUNTRY?                           |
|   | 13. FATHER'S NAME             |                                    | V-012-0111111112   | 14. MOTHER'S MAIDEN   | NAME                                 |                                    |
| 1 |                               | Clif Hort                          | on   | U   | nknown                               |                                    |
| 1 | 15. WAS DECEASED EVE          | PINITS APMED FORCES                | TA SOCIAL SECURITY NO  | 17. INFORMANT   | Addres                               | is                                 |
|   | (Yes, no or unknown)          | (If yes give wor or dotes of serv  | None   | Lula Spice:   | r Cambr                              | idge. Md.                          |
| F | 18. CAUSE OF DI               | EATH (Enter only one couse pe      | r line for (o), (b), ond (c).)   |   |                                      | INTERVAL BETWEEN                   |
|   |                               | TH WAS CAUSED BY:                  | Cardiac  | decompensa  | tion                                 | ONSET AND DEATH                    |
|   | 4200                          | IMMEDIATE CAUSE (o) DUE TO         |  |   |                                      |                                    |
|   | Conditions, if ony            |                                    | Arterios   | clerotic hea  | art disease                          |                                    |
|   | rise to immediat              | e couse (o), ( Dur To              |  | 01010010  | 02 0 020000                          | n de Weerelynes                    |
|   | stoting the unde              | rlying couse (c)                   |  |   |                                      |                                    |
|   |                               |                                    | BUTING TO DEATH BUT NOT RELATED  | TO THE TERMINAL DISEASE COL                                     | NDITION CIVEN IN PART 1(a)           | 19. WAS AUTOPSY                    |
| 2 | E PART II. OTHER 31           | OMITICANT COMPTITIONS CONTR        | BOTHO TO DEATH BUT NOT KEEKIED   | TO THE TERMINAL DISEASE CO.                                     | ADMININ SIFEN IN TAKE 1(0)           | PERFORMED?                         |
|   | 200. ACCIDENT WA              |                                    | Last necessary that the second   | SD (5   | 0.41 0.41 62 101                     | YES NO                             |
| 1 | 20o. ACCIDENT WA              | S UNDERLYING [ ]<br>CAUSE OF DEATH | 205. DESCRIBE HOW INJURY OCCUR   | RED. (Enter noture of injury in                                 | Port I or Port II of item 18.)       |                                    |
|   |                               | MEDICAL EXAMINER)                  |  |   |                                      |                                    |
| 1 | 20c. TIME OF INJU-            | URY Month, Doy, Yeor               |  | PLACE OF INJURY (Home, form foctory, street, office bldg., etc. |                                      | (County) (Stote)                   |
| 1 | p.1                           | 10                                 | While Not While of work  | Toctory, street, office blug., etc.                             |                                      |                                    |
| 1 | 21. I certi                   | fy that (I) (this hospital         | ) ottended the deceased fran   | Sept. 25  | 1966 , to Oct. 7                     | , 19 <u>66</u> , that (I) (we) las |
| 1 | saw the d                     | eceased alive on OC                | t. 7 1966, and   | that death occurred at  | M, fram causes of                    | and on the date stated above       |
|   | 220. SIGNATURE                | ( Valuet                           | and the same of th | ATTENDING   | MED. STAFF                           | 22b. DATE SIGNED                   |
| 1 |                               | Bulls                              | -2-1   | M.D. PHYS.  | MED. DIRECTOR PHYS.                  | Oct. 7, 1966                       |
| 1 | 22c. PHYSICIAN'S              | VII                                |  | 22d. ADDRESS  |                                      |                                    |
|   | NAME (Type                    | J. Edwin                           | Fassett, M.D.  | 727 Pin   | e Street Ca                          | mbridge, Md.                       |
|   | 230. BURIAL, CREMATIC         |                                    | 23c. NAME OF CEMETERY  | OR CREMATORY  | 23d. LOCATION (City or Tow           | vn) (County) (Stote)               |
|   | Resemoval Spring              | al 10/13/                          | 66 Rel   | ls Fork   | Greenvill                            | e. N. Carolina                     |
| 1 | 24. FUNERAL DIRECTO           | 10/10/                             | ADDRESS  |   | D BY REGISTRAR 2Sb. REC              | GISTRAR'S SIGNATURE                |
|   | Alelus                        | up (1. 4/4                         | Cambridge  | DATE O  | CT 1 4 1966 &                        | Charles Judge                      |

ican and completely filled in by the funeral lets, remove carban papers. Pages 1 and 2 and in any event, within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician director, page 3 should be detached far use as the burial-transit permit. They pleys shauld be filed with the State Dept. af Health prior to burial, crematian, or removal, and Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

THE REPORT OF THE PROPERTY AND ADDRESS. MARKET PROPERTY OF STATE OF ST The state of the s 

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 3 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
14106

| 1. PLACE OF DEA  | TH   | - 100111        | #0 F1,1M #U                  | 1       | 2. USUAL RESIDENCE          | E (Where decease    |                                 |                         | ence before admissi |
|--|--|-----------------|------------------------------|---------|-----------------------------|---------------------|---------------------------------|-------------------------|---------------------|
| a. COUNTY  | HESTER   |                 | MARYLA                       | NID.    | a. STATE<br>NARILAI         |                     | b. COUNT                        |                         | ESTER               |
| b. CITY OR TO  | WN (if outside corpora<br>L and give nearest tow     | te limits,      | I c. LENGTH OF STAY I        |         | c. CITY OR TOWN (If         |                     |                                 |                         |                     |
|  | L and give nearest tow<br>BRIDG モ                    | n)              | 89 neu                       | 4-70    | CAMBR                       | IDGE                |                                 |                         | 89 .                |
|  |  | ON (if not in h | nospital, give street add    | - 11    | d. STREET ADDRESS           | 100 10              |                                 |                         | e. IS RESIDEN       |
| GLASGO   |  |                 | HOME                         | . 11    | 311 GLEN                    | BURN                |                                 |                         | ON A FARM           |
| 3. NAME OF<br>DECEASED                                   |  | rst             | Middle                       |         | Last                        | 4. DATE             | Month                           | D                       | ay Year             |
| (Type or print)  | OTWAY  |                 | F.                           |         | UBBERT                      | DEATH               | 10                              | ユ                       |                     |
| 5. SEX   | 6. COLOR OR RACE                                     | 7. MARRIED      | NEVER MARRIED                | 8       | DATE OF BIRTH               | 877 9. AG           | E (In years   I<br>st birthday) | FUNDER 1 YE             | AR IF UNDER 24 H    |
| MALE   | WHITE  | WIDOWED         | DIVORCED                     |         | 3-12-871                    | 8                   | 9 yrs.                          | nontals Day             | S Hours Im          |
| 10a. USUAL OCCUPA  | TION (Give kind of work<br>king life, even if retire | done 10b. H     | KIND OF BUSINESS OR INDUSTRY |         | 11. BIRTHPLACE (CO          | ounty & State, or f | oreign country)                 | 12. CITIZI<br>COUNT     | EN OF WHAT          |
| STORE  | OWNER  |                 | ED STORE                     | 177     | DORCHE                      | STER,               | MQ.                             | 2.0                     |                     |
| 13. FATHER'S NA  |  |                 |                              |         | 14. MOTHER'S MAID           | EN NAME             |                                 |                         |                     |
| TIL M  | AN C. 1  | HUBB            | ERT                          |         | AMAND                       | A S                 | IR MA                           | H                       |                     |
| 15. WAS DECEASED   | EVER IN U.S. ARMED FO                                | RCES?   16.     | SOCIAL SECURITY NO.          | 17.     | INFORMANT                   |                     | Address                         | ,                       | /                   |
| ONKNOWN  | (If yes give war or dates o                          | 21              | 7-30-8529                    | Si      | HIRLEY                      | SMITH               | 3//                             | Gler                    | , burn              |
|  |  |                 | line for (a), (b), and (c).  | _       | • \                         |                     |                                 |                         | ITERVAL BETWEE      |
| PART I. C  | EATH WAS CAUSED BY<br>IMMEDIATE CAUSE                | (a) GE          | NERALIZED                    |         | DEBILITY                    |                     |                                 |                         | 7 days              |
| .334-)   | /  |                 |                              |         |                             |                     |                                 |                         |                     |
| Conditions, If   | any, which \   | (b) S.          | emilities                    |         |                             |                     |                                 |                         |                     |
| gave rise to cause (a),                                  |  | (-/             | 9                            |         |                             |                     |                                 |                         |                     |
| underlying cau   | stating the  | 10 Ce           | rehal at                     | hera    | selensis                    |                     |                                 |                         |                     |
| PART II. OTHER   | SIGNIFICANT CONDITION                                | ONS CONTRIB     | UTING TO DEATH BUT NO        | TRELA1  | ED TO THE TERMINAL D        | ISEASE CONDITI      | ON GIVEN IN P                   | ART1(a) 1               | 9. WAS AUTOPS       |
| CAT  |  |                 |                              |         |                             |                     |                                 | 100                     | PERFORMED YES NO    |
| PARTII. OTHER 20a. ACCIDENT OR CONTRIBUTE (IF EITHER, NO | WAS UNDERLYING                                       | 20b.            | DESCRIBE HOW INJURY          | OCCUR   | RED. (Enter nature of       | Injury In Part I    | or Part II of                   |                         |                     |
|  | TING CAUSE OF DEA<br>OTIFY MEDICAL EXAMI             | TH<br>NER)      |                              |         |                             |                     |                                 |                         |                     |
| g 20c. TIME OF   | INJURY Month, Day,                                   | Year   20d. I   | INJURY OCCURRED   20         | e. PLAC | E OF INJURY (Home, fa       | rm, 20f. (City      | or town)                        | (County)                | (State              |
| 20c. TIME OF<br>Hour a                                   | .m. 19   | While at wor    | Not While                    | Tactor  | y, street, office bldg., e  | tc.)                |                                 |                         |                     |
|  |  |                 | led the deceased fro         | m       | 9-26 10                     | 966 to /            | 0-27                            | 1066                    | that (1) (we) 1     |
|  | eceased alive on                                     |                 |                              | 111     | death occurred at/          |                     |                                 | -,,                     | ******              |
| 22a. SIGNATI   |  |                 | 13-, 411                     | u that  | death occorred at           |                     | liic dauses a                   | 22b. DATE               |                     |
| Rule   | and s.   | Bil             | Lodon                        | M.D.    | ATTENDING PHYS.             | MED.                | STAFF PHYS.                     | 10-2                    | 7-66                |
| 22c. PHYSIC  | AN'S   | 0 , -           |                              | m.D.    | 22d. ADDRESS                | DIKEOTOK            | 11110.                          |                         | ,                   |
| NAME (   | Type) RICHARI  | o G.            | BILODEAU                     |         | 116 OA                      | KLEY S              | T. CA                           | MBRIC                   | GE, MO              |
| 23a. BURIAL, CRE<br>REMOVAL (SI<br>Burial                | MATION, 23b. DATE Oct 29                             |                 | Dorchester                   |         | or CREMATORY<br>morial Park | 23d. LOCAT          | ion (City, tov                  | vn or county<br>Varylar | ) (State)           |
| 24. FUNERAL DIR  |  |                 | ADDRESS                      |         |                             | C'D BY REGISTRA     |                                 |                         |                     |
| LeCompte   | Funeral Ser  | vice,           | Cambridge, I                 | Mary    | land DATE O                 | CT 3 1 1            | 966 8                           | Charle                  | es Judge            |
|  |  |                 |                              |         | , =                         |                     |                                 |                         | -11 -11             |

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

| M  |                       | 14106 CERTIFICAT  | TE OF DEATH   | 107                                     |
|--|-----------------------|---|---|---|
| 8  |                       | LACE OF DEATH . COUNTY Derchester MARYLAND  | 2. USUAL RESIDENCE (Where deceased lived, if institution: Residen o. STATE b. COUNTY  Maryland Do | rchester                                |
| Constant of the control of the contr |                       | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Cambridge   | c. CITY OR TOWN (If autside corparate limits, write RURAL and giv                                 | e nearest tawn)                         |
| 0 SIODII 77 IIIIII 73  | (                     | NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)  Cambridge Maryland Hospital Inc  | d. STREET ADDRESS   | e. IS RESIDENCE<br>ON A FARM?<br>YES NO |
| ,<br>,   |                       | NAME OF DECEASED Type or print)  WILLIAM First W.  W.   | Lost Jr 4. DATE Month OF Insley DEATH October   | Doy Year 5 19 66                        |
| 'makenin'  |                       | male white WIDOWED DIVORCED   | B. DATE OF BIRTH October 4, 1.966  9. AGE (In years last birthday) yrs.  IF UNDER Months          | Days Haurs Min.<br>1 13 35              |
| מוום ווו מוווא   | duri                  | USUAL OCCUPATION (Give kind of work done ng mast af warking life, even if retired)  **NONE**  10b. KIND OF BUSINESS OR INDUSTRY  **INDUSTRY**  **INDUSTRY** | Derchester County   | TIZEN OF WHAT<br>DUNTRY?<br>U S A       |
| מו נפונומאמו,  |                       | FATHER'S NAME William Wesley Insley   | 14. MOTHER'S MAIDEN NAME  Barbara Ann Dean  7. INFORMANT  Address                                 |   |
| ,<br>G   | IS.<br>(Ye            | WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 17. 18. SOCIAL SECURITY NO. 19. 19. 19. 10. SOCIAL SECURITY NO. 19. 10. SOCIAL SECURITY NO. 17. 18. SOCIAL SECURITY NO. 19. 19. 10. SOCIAL SECURITY NO.   | mother Fishing C  |   |
| prior to burial, cremalian,  |                       | 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gave rise to immediate cause (o), stoting the underlying couse last.  (c)  |   | INTERVAL BETWEEN<br>ONSET AND DEATH     |
|  | ATION                 | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED T   | TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  | 19. WAS AUTOPSY PERFORMED? YES NO       |
| 5  | MEDICAL CERTIFICATION | 20g. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  | ED. (Enter noture of injury in Port I or Part II of item 1B.)                                     |   |
| oldie Dept.  | MEDICA                |   | factory, street, affice bldg., etc.)  | unty) (Stote)                           |
|  |                       |   | hat death accurred at 1:30 M, fram causes and an t  |   |
| e e e e e e e e e e e e e e e e e e e  | 1                     | 220. SIGNATURE 33 anname  |   | ATE SIGNED                              |
| / / / /  |                       | 22c. PHYSICIAN'S<br>NAME (Type) Dr. Wilbur Baumann  | 603 Church St. Cambridge,   |   |
| 2016   |                       | our tail  |   | (County) (Stote) orchester Md           |
| 3. m   | 24                    | FUNERAL DIRECTOR ADDRESS  Lecompte Fineral Service 308 High St  | 201   | when Judge                              |

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| CI. 5 TIS SIMES      | ritis i a kanoni ka        | Company of the  | A dra Napodolok (1969)<br>G. 100 B (1911) | Visite A.     |
|                      | ALC: NOTE:                 |   |   | September 191 |
| parties of the same  | The Cart                   |   | mires and a . I                           |               |
| Tusta da mili o biqu | oud fait told              | This steel to have all  |   |               |

5 may be retained far yaur files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Department af Health ar its designated agent, priar ta burial, crematian, or remaval, and in any event within 72 haurs after death.

FOR STATE within 24 haurs after death. If any delay is pencil in Item 18. Give Pages 1, 2, and 3 to Kaminer's Office alang with farm PM3. Page the funeral directar. Page 4 shauld be farwarded to the Chief Medical 10 DEPUTY MEDICAL EXAMINER: This certificate shauld be executed necessary, please execute the certificate, writing the ward "pending"

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

| 14107   | *  | MEDICAL EXAN   | IINER'S               | CERTIFICATE O  | F DEATH  | 14108   |
|---|--|--|-----------------------|--|--|---|
| 1. PLACE OF DEATH a. COUNTY Dor   | chester  | N  | NARYLAND              | 2. USUAL RESIDENCE (V  |  | tutian: Residence before odmission) DUNTY Dorchester      |
| b. CITY OR TOWN (If a waite RURAL and gi  | outside carparate limits,<br>ive nearest tawn)             | c. LENGTH OF ST.                                     |                       |  | tside carparate limits, write I<br>-Toddville              | RURAL and give nearest tawn)                              |
|   | or Institution (If not in h<br>Maryland Hos                | aspital, give street address) pital                  |                       | d. STREET ADDRESS None   |  | e is residence<br>on a farm?<br>Yes \( \) No \( \) \( \)  |
| 3. NAME OF<br>DECEASED<br>(Type or print)   | T.T.L.TAN  | PRITCHE  |                       | JONES  | 4. DATE MG<br>OF<br>DEATH                                  | Oct. 24 Pay Year  |
| FeMale 6  | TiThai + a   | ARRIED NEVER MAR DOWED DIVO                          | RCED                  | Feb. 11, 18  | 9. AGE (In years last birthday)<br>84 yrs.                 | Manths Days Haurs Min.                                    |
| 10a, USUAL OCCUPATION (G<br>during mast of warking life<br>Teacher—Ho                                   | ive kind af wark dane<br>even if retired<br>S <b>EWIIS</b> | 10b. KIND OF BUSINESS OF SCHOOL—HO                   |                       | Dorchester   |  | 12. CITIZEN OF WHAT COUNTRY? USA                          |
| 13. FATHER'S NAME   | John T. Pr   | ritchett   |                       | 14. MOTHER'S MAIDEN N<br>Arietta I                             | NAME<br>angrall  |   |
| IS. WAS DECEASED EVER II<br>(Yes, no, or unknown) (If   | N U.S. ARMED FORCES?<br>yes give war ar dates af serv      | 16. SOCIAL SECURITY N                                |                       | INFORMANT<br>rs. Carroll                                       | Todd, Toddvi   | dress   |
| Canditions, if any, wrise to immediate costoting the underlyingst.                                      | DUE TO   hich gave ause (a),   DUE TO   DUE TO             | Coronary o   |                       |  |  | INTERVAL BETWEEN ONSET AND DEATH 5 Mins                   |
| PART II. OTHER SIGN  200. EXTERNAL CAUS PRIMARY Or CONTR CAUSE OF DEATH.  20c. TIME OF INJURY Hour o.m. |  |  |                       |  | IDITION GIVEN IN PART 1(o)  Port I ar Part II af item 1B.) | 19. WAS AUTOPSY PERFORMED? YES NO                         |
| PRIMARY Or CONTR  | RIBUTING 🗆   |  |                       |  | ,  |   |
| p.m.  | 19   | 20d. INJURY OCCURRED While Not While at wark of work | fact                  | .CE OF INJURY (Hame, farm<br>tary, street, office bldg., etc.) |  | (Caunty) (State)  |
| 21. I certify to death resulted ACTUAL SIGNATURE EXAMINER'S NAME (Type)                                 | _  | ine remoins described uses E, Accident               |                       | ide , Homicide CHIEF MEDICAL ASSISTANT MEDICAL DEPUTY MEDICA   | Undetermined   | quiry, ond in my opinion manner  22. DATE SIGNED  0/24/66 |
| 23a. BURIAL, CREMATION,<br>BEMOVAL (Specify)  | 23b. DATE THEREOF<br>Oct 26 19                             | 23c. NAME OF C<br>Dorches                            | emetery or<br>ster Me |  | 23d. LOCATION (City or                                     |   |
| 24. FUNERAL DIRECTOR LeCompte F   | uneral Servi   | ce, Cambridg   | e, Mar                |  | CT 2 6 1966  | REGISTRAR'S SIGNATURE                                     |

VR A15ME (5) 6M 1/66

The party of the second second

d within 24 hours after death. If any delay is in pencil in Item 18. Give Pages 1, 2, and 3 to necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forworded to the Chief Medical Exominer's Office along with farm PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages I and 2 with the State Department of any event within 72 hours after death. This certificate should be executed within 24 hours after death. If Heolth or its designoted ogent, prior to buriol, cremation, or removol, and

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

| 14108 MEDICAL EXAM   | MINER'S CERTIFICATE OF DEATH 14103   |  |  |  |  |  |
|--|--|--|--|--|--|--|
| 1. PLACE OF DEATH  o. COUNTY Dorchester  | MARYLAND  2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. STATE Dorchester b. COUNTY Maryland   |  |  |  |  |  |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural—Cambridge Life  | e Rural-Cambridge 09-/   |  |  |  |  |  |
| d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address RFD #3, Morris Neck Road   | d. STREET ADDRESS RFD #3, Cornersvile  e. IS RESIDENCE ON A FARM? YES \( \sum \) NO \( \text{X} \)   |  |  |  |  |  |
| 3. NAME OF First Middle BANNIE (Type or print)   | MILLS OF DEATH October 1, 19 66  |  |  |  |  |  |
|  | ORCED Nov. 20, 1896 Spirthday) Months Days Hours Min.  |  |  |  |  |  |
| 1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Waterman  1Db. KIND OF BUSINESS (INDUSTRY Seafood)  | Dorchester Co,, Maryland COUNTRY? USA  |  |  |  |  |  |
| Ben Mills  | 14. MOTHER'S MAIDEN NAME  Louise Bromwell  |  |  |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) Unknown  Yes   | NO. No. INFORMANT Address Mr. Galen Mills, RFD 3, Cambridge, Md.   |  |  |  |  |  |
| 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  OUE TO  Conditions, if ony, which gove rise to immediate couse (o), storing the underlying cause last.  (c)     | occlusion Tristant   |  |  |  |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF CONTRIBUTING OF CAUSE OF DEATH.  20c. TIME OF INJURY Month, Doy, Yeor Hour o.m.  20d. INJURY OCCURRED While Not While | OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  19. WAS AUTOPSY PERFORMED?  YES NO X  URY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) |  |  |  |  |  |
| 2Dc. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19 2Dd. INJURY OCCURRED While of work  |  |  |  |  |  |  |
| 21. I certify that I taak charge af the remains described abave, held an Autapsy, Inspection _X_, Inquiry, and in my apinian death resulted from: Natural causes _X_, Accident, Suicide, Hamicide, Undetermined manner  ACTUAL SIGNATURE     |  |  |  |  |  |  |
| 230. 8URIAL (KEMATION, 23b. DATE THEREOF 23c. NAME OF  | Address (Street, city, town, or county) Cambridge, Md. F CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)   |  |  |  |  |  |
| 24 FUNERAL DIRECTOR ADDRESS LeCompte Funeral Service, Cambridge  | SS 2SO. REC'D RY REGISTRAR 2Sb. REGISTRAK'S SIGNATURE  |  |  |  |  |  |

VR A15ME (5)

TO DEPUTY MEDICAL EXAMINER:

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH within 24 haurs after death funeral 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) and PLACE OF DEATH b. COUNTY o. COUNTY rs. Pages 1 hours after 100mice MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b TOWN (If autside corparote limits write RURAL and give nearest, tawn ambridge ON A FARM? filled in papers. d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street oddgess) within 72 NO Middle DATE NAME OF First . DECEASED urcel 1966 BELL DEATH (Type ar print) ATTENDING PHYSICIAN: The law requires that the death certificate be executed IF UNDER 24 HRS 9. AGE (In years IF UNDER 1 YEAR DATE OF BIRTH S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Days 26 Manths Haurs 10 WIDOWED DIVORCED 12. CITIZEN OF WHAT 11. BIRTHPLACE (Caunty & State, ar fareign cauntry) 10a. USUAL OCCUPATION (Give kind of work dane HOL. KIND OF BUSINESS OR COUNTRY? during most of working life, even if cetired) INDUSTRY threund Salisbury, Md. Inknown ousewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Hore hard George Washington Hastings ( Eliza Jane Hitch Parkadress Salisbury, Ma. 16. SOCIAL SECURITY NO INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dotes of service 0 tate. hore INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: burial-transit IMMEDIATE CAUSE (a signed by DUE TO burial. Canditions, if any, which gove rise to immediate cause (o), DUE TO stoting the underlying cause as the has been last 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Health 1 CERTIFICATION NO this certificate 205. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Part 1 or Part II af item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, (City ar town) (County) (State) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year factory, street, office bldq., etc.) Hour o.m. Nat While O FUNERAL DIRECTOR: After 21. I certify that (I) (this hospital) attended the deceased from 19 65, to\_ 10-16 19 66 that (1) (we) lost 1966, and that death occurred of 1000 a. M, from couses and on the date stated above. directar, page 3 shauld shauld be filed with the saw the deceased plive on 10 - 16 - & 22b. DATE SIGNED 220. SIGNATURE **ATTENDING** MED. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S O HOSPITAL NAME (Type) 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (County) REMOVAL (Specify) Salisbury, Maryland Parsons Cemetery 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR HOLLOWAY & COMPANY, SALISBURY, MARYLAND 1966

MARCHANIA BELLEVILLE TO THE TANK OF THE PARTY OF THE PART AND ARREST STORY OF STREET AND ADDRESS OF THE PARTY OF TH

# FOR STATE HEALTH DEPT.

O DEPUTY MEL. EXAMINER: This certificate should be executed within 24 hours after death. If any delay eccesary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO DEPUTY MED

VR AISME (5) 5M 1/65

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MADVIAND STATE DEDADTMENT OF MEALTH

| Division of STAT |         |                   | S, 301 W. PRESTON |          | RE 1, MARYLAND |
|------------------|---------|-------------------|-------------------|----------|----------------|
| 4110             | MEDICAL | <b>EXAMINER'S</b> | CERTIFICATE       | OF DEATH | 14111          |

|  | 1. PLACE OF DEATH a, COUNTY               |  |                 |                            |                     | 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY |                  |                        |                 |          |         |        |
|--|---|--|-----------------|----------------------------|---------------------|--|------------------|------------------------|-----------------|----------|---------|--------|
|  |   | DOR CHESTER MARYLAND   |                 |                            | MD. CAROLINE        |  |                  |                        |                 |          |         |        |
|  | b. CITY OR TOW<br>Write RURAL             | b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)   |                 |                            | c. CITY OR TOWN (If |  | porate limits, w | rite RURAL             | and gly         | e neares | t town) |        |
|  | RURAL CAMBI                               | RAL CAMBRIDGE 2 YRS.   |                 |                            |                     | DENTON,  | RT. 1            |                        |                 | 0.       | 5 - 1   | 2      |
|  | d. NAME OF HO                             | SPITAL OR INSTITUTION  | ON (if not In h | ospital, give street add   | dress)              | d. STREET ADDRESS  |                  |                        |                 | 6        | ON A F  | DENCE  |
| 3  | EASTERN SI                                | HORE STATE   | HOSPITA         | \L                         |                     |  |                  |                        |                 | 1        |         | NO 🗌   |
| 4  | 3. NAME OF<br>DECEASED                    | F  | rst             | Middle                     |                     | Last   | 4. DATE          | Mont                   | h               | Day      | Yea     | ir     |
|  | (Type or print)                           | LULA   |                 | BELL                       |                     | PUSEY  | DEATH            | Остова                 | R 11            |          | 19      | 66     |
|  | 5. SEX                                    | 6. COLOR OR RACE   | 7. MARRIED      | NEVER MARRIED              | 7 8                 | . DATE OF BIRTH  | 9.               | AGE (In years          | IF UNDER        |          |         |        |
|  | FEMALE                                    | WHITE  | WIDOWED         |                            |                     | 7/9/87   | -                | last birthday) 79 yrs. | Months          | Days     | Hours   | Min.   |
|  | 10a. USUAL OCCUPAT<br>during most of work | TION (Give kind of work<br>ling life, even if retire   | done 10b, K     | AND OF BUSINESS OR         |                     | 11. BIRTHPLACE (S  | tate or fore     | Ign country)           | 12. C           | ITIZEN   | OF WHAT |        |
|  | -   |  |                 |                            |                     | Mo.  |                  |                        |                 | U.S      |         |        |
|  | 13. FATHER'S NAM                          | FATHER'S NAME  |                 |                            | 14. MOTHER'S MAID   | EN NAME  |                  |                        |                 |          |         |        |
|  | JAMES R.                                  | . THOMPSON   |                 |                            |                     | VICTORIA   | POWELL           |                        |                 |          |         |        |
|  | 15. WAS DECEASED                          | EVER IN U.S. ARMED FO  | RCES?   16.     | SOCIAL SECURITY NO.        | 17.                 | INFORMANT  |                  | Addre                  | SS              |          |         |        |
|  | NO  | (II yes give war or gates o  | 22              | 20-12-0835                 | Н                   | OSPITAL REC  | ORDS             |                        |                 |          |         |        |
|  | 18. CAUSE OF                              | DEATH [Enter only on   | e cause per l   | ine for (a), (b), and,(c). | ]                   |  |                  |                        |                 |          | RVAL BE |        |
|  | PART I. DI                                | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bron clas y wew on a  |                 |                            |                     |  |                  |                        | UNS             | ET AND I | DEATH   |        |
| 4  | 9047                                      | DUE  |                 |                            |                     | 0 1 2 0.   | 0                |                        |                 |          |         |        |
|  |   | Conditions, if any, which (b) France of leke level   |                 |                            |                     |  |                  |                        |                 |          |         |        |
| ä  | gave rise to                              | 90.11.00   | TO              |                            |                     |  |                  |                        |                 |          |         |        |
|  |   | undarlying cause last. (c)   |                 |                            |                     |  |                  |                        |                 |          |         |        |
|  | FART II. OTHER                            |  |                 |                            |                     |  |                  |                        |                 | WAS AU   | TOPSY   |        |
| 3  | PART II. OTHER S                          | PERFORMED? YES X NO  |                 |                            |                     |  |                  |                        |                 |          |         |        |
|  | 200. EXTERNA                              | 20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 1) of Item 18.)     |                 |                            |                     |  |                  |                        |                 |          |         |        |
|  |   | PRIMARY OF CONTRIBUTING   Fell 1 - Hosz tol  |                 |                            |                     |  |                  |                        |                 |          |         |        |
|  | 3 20c. TIME OF                            | INJURY Month, Day,   | Year   20d. I   | NJURY OCCURRED 20          | e. PLAC             | E OF INJURY Home, fa   | rm, 20f.         | (City or town)         | (Co             | unty)    | (5      | state) |
| 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY Hon factory, street, office bid while p.m. 7 - 19 6 C at work at work 2 F 0 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 |   |  |                 |                            |                     |  |                  | · Hop                  | lat.            | Car      | - Rill  | so Al  |
| 7  |   | 21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Anquiry, and in my opinion |                 |                            |                     |  |                  |                        |                 |          |         |        |
|  | death result                              | death resulted from: Natural causes , Accident , Suicide , Homloide , Undetermined manner                                |                 |                            |                     |  |                  |                        |                 |          |         |        |
|  | 1 1 1 1 1 1 1 1 1                         | CHIEF MEDICAL EXAMINER   |                 |                            |                     |  |                  |                        |                 |          |         |        |
| SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER X  |   |  |                 |                            |                     |  | INER 💢           |                        | 22. DATE SIGNED |          |         |        |
|  | EXAMINER'S                                | N - 1 - 1 >  | DI              | -110 7                     |                     | DEPUTY MEDIC   | 1.4              |                        | 2 1             | 01       | 11.6    | 166    |
|  | NAME (Type)                               | hote O   | 1/1             | G C NO NO                  |                     |  |                  | en county) Q?          |                 | OK 1     |         | -4-1   |
|  | 23a BURIAL, CREM<br>REMOVAL (Sp.          | eclfy) A A )   | 1966            | 23c. NAME OF CEM           | To                  |  | 230              | entor                  | OWII OL CO      | M        | d, ist  | ate)   |
| 1  | 24. FUNERAL DIRE                          |  | -               | -ADDRESS                   | 1                   | 25a. REG   | C'D BY REO       | STRAR   25b. R         | EGISTRAR        | 'S SIGN  | ATURE   |        |
| 1  | Marle                                     | to V' We   | -su             | Menton                     | , h                 | A. DATE O  | CT 20            | 1966                   | Pelia           | rles     | Jud     | el     |
| -  |   |  |                 |                            |                     |  |                  | - //                   |                 |          | 11 1    |        |

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### MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14112

e. IS RESIDENCE ON A FARM?

YES NO X

Year

1966

IF UNDER 24 HRS

Hours

WAS AUTOPSY PERFORMED?

(Stote)

Md.

22. DATE SIGNED

Md.

YES X

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)

23d. LOCATION (City or Town)

1967

2Sb. REGISTRAR'S SIGNATURE

ery Pittsville 250. REC'D BY REGISTRAR 25b. REG

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

**FOR STATE** HEALTH DEPT.

Page

P.M3.

farm

alang with

Office

**Examiner's** 

the Chief Medical

farwarded to

4 should be

in pencil in Item 18. Give Pages 1,

This certificate should be executed within

writing the ward

the certificate,

necessary, please execute

**EXAMINER:** 

O DEPUTY MED

delay

14111

1. PLACE OF DEATH

DOR CHESTER

23b. DATE THEREOF

Holloway & Co. Salisbury, Md.

BURIAL, CREMATION.

REMOVAL (Specify)
Burlal

24. FUNERAL DIRECTOR

o. COUNTY

ō Department after haurs ate 5 the within event l and 2 any pages Ξ File and permit. remaval, burial-transit P crematian, D burial, used 2 prior 3 should agent, its designated

may be retained for your FUNERAL DIRECTOR: Page funeral director. 5 n. TO FUNEN. Health or it the

MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) PITTSVILLE 11 YRS. CAMBRID GE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS EASTERN SHORE STATE HOSPITAL 3. NAME OF First Middle Lost 4. DATE Month Dov DECEASED OF **JOHN** WALTER SHOCKLEY (Type or print) DEATH OCTOBER S. SEX B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthdoy) Months 10/22/10 WIDOWED DIVORCED MALE WHITE 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)

Laborer INDUSTRY COUNTRY? Processing Plant Mo. U.S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME GEORGE A. SHOCKLEY MINNIE L. DENNIER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service HOSPITAL RECORDS CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Asphyxia DUF TO Conditions, if ony, which gove Aspiration of food rise to immediate couse (a), DUE TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) brain syndrome. Chronic 20o. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) Choked while eating. CAUSE OF DEATH. 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Dov. Year 20e, PLACE OF INJURY (Home, farm, (City or town) (County) Hospital Not While of work /11/66 ot work Cambridge. Dor. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection | Inquiry X, ond in my opinion Accident x Suicide deoth resulted from: Noturol couses Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE 1/5/67 DEPUTY MEDICAL EXAMINER John Mace Jr. M.D. Address (Street, city, town, or county) Cambridge.

23c. NAME OF CEMETERY OR CREMATORY

Pittsville Cemetery

VR A15ME (5 6M 1/66

Film \$ 384- 1/10/67. MB

Originally reported on regular death certificate form
and should have been on M.E. form.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
15.01

| _             |   |   | 000                       |
|---------------|---|---|---------------------------|
| 1.            | PLACE OF DEATH a. COUNTY  | 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence     | before admission)         |
|               | DORCHESTER MARYLAND   | a. STATE MARY/AIX d b. COUNTY   | + /                       |
|               | b. CITY OR TOWN (if outside corporate limits, write AURAL and, give nearest town) | c. CITY OR TOWN (if outside corporate limits, write RURAL and give      | e nearest town)           |
| 4             | CAMBRIDGE   | TEAPPE  | 10 2                      |
|               | d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)      | d. STREET ADDRESS   | ON A FARM?                |
| 3.            | NAME OF FIRST MIDDLE  |   | ES NO                     |
| 3.            | NAME OF First Middle DECEASED (Type or print) LEWIS A.                            | Smith Day Death   | Year                      |
| 5.            | OFY CONTRACTOR  | B. DATE OF BIRTH   9. AGE (In years   IF UNDER 1 YEAR)                  |                           |
| n             |   | Eb. 15, 1886 last birthday) Months Days                                 | Hours   Min.              |
| 10a           | USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR INDUSTRY      | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN COUNTRY |                           |
| 1             | PRIDE R DOMESTIC  | Talbot Md U   | SA                        |
| 13.           | Taccall Cm + +1   | 14. MOTHER'S MAIDEN NAME  |                           |
| 15            | . WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.         | INFORMANT Address   | <u> </u>                  |
| (Ye           | es, no, or unkown) (If yes give war or dates of service)                          | isoh to Peropede Canto de   | = M                       |
|               | 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]         | INTERIOR OF CAMPUTED OF   | RVÁL BETWEEN              |
|               | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COrondry                         |   | ET AND DEATH              |
|               | 4201 DUE TO   |   | - Can                     |
|               | Conditions, If any, which \ ( ) ( ) \ ( ) \ ( )                                   | Meart Distase   | 455                       |
|               | gave rise to immediate cause (a), stating the DUE TO                              | 1 1 4 1 - 1   | 21/20                     |
| z             | underlying cause last. (c) 5 Ph Pr 21176  | d Mrscriosclerosis  | 1773                      |
| ATIO          | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA          | TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19.            | WAS AUTOPSY<br>PERFORMED? |
| FIC           | 20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCU                      | YES   | S NO                      |
| CERTIFICATION | OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)               | RRED. (Enter nature of Injury in Part I or Part II of Item 18.)         |                           |
| CAL           |   | CE OF INJURY (Home, farm, 20f. (City or town) (County)                  | (State)                   |
| MEDICAL       | Hour a.m. While Not While at work at work   | ry, street, office bldg., etc.)   |                           |
|               | 21. I certify that (I) (this hospital) attended the deceased from _/              | 0/4/66 19 0 to 10/16 1966 the   | at (I) (we) last          |
|               | 10/1/2  | death occurred at 2 7.M. from the causes and on the date                |                           |
|               | 22a. SIGNATURE  | 22b., DATE SIG  | NED                       |
|               | of among Maryanov M.D.  |   | 6                         |
|               | 22c. PHYSICIAN'S Lawrence Maryanov  | 22d. ADDRESS  | e MJ                      |
| 23a           |   | OR CREMATORY   23d. LOCATION (City, town or county)                     | (State)                   |
| 7             | REMOVAL (Society) 16-21-66 PARA dis   | - 10- 1   | md                        |
| 24            | FUNERAL DIRECTOR ADDRESS  | 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNA                          | / -                       |
| 6             | FORGE H. Washell Caston M.  | , DATE NOV 9 1866 Scharles  | Judge.                    |
| _             |   |   | 4                         |

VR AI5 (4) 20M 1/65

## MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

| FOR STATE VI  | L                     | 14113 MEDICAL EXAMINER'S   | CERTIFICATE OF DEATH  | 13  |
|---|-----------------------|--|---|---|
| Poge ent of leath.  |                       | PLACE OF DEATH O. COUNTY Dorchester MARYLAND   | 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residen o. STATE Maryland b. COUNTY Dor | ce before odmission)                      |
| de<br>ond<br>M3.<br>tm  |                       | b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)  RURAL—Cambridge 20 years   | c. CITY OR TOWN (If outside carporote limits, write RURAL and give Rural—Cambridge                | e neorest town)                           |
| es 1, 2, form PI form |                       | d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  Town Point RFD # 3   | d. STREET ADDRESS Town Point RFD # 3  | e. IS RESIDENCE<br>ON A FARM?<br>YES A NO |
| 24 hours after death. If an in Item 18. Give Pages 1, 3 rrs Office along with form es 1 ond 2 with the State Depring event within 72 hours of   | 3.                    | NAME OF First Middle DECEASED (Type or print) LOUIS WILLIAM SNC  | WDEN 4. DATE Month OF DEATH October   |   |
| 18. Give Fe along with the 1th within 7   |                       | SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED NOT DIVORCED   | B. DATE OF BIRTH Oct. 15, 1883  9. AGE (In years lost birthdoy) Months Months                     | Doys Hours Min.                           |
| thin 24 hours of them 18 miner's Office of poges 1 and 2 win any event 1  | da                    | USUAL OCCUPATION (Give kind of work done ingrees) of working life even if retired)  10b. KIND OF BUSINESS OR INDUSTRY Motor  |   | TIZEN OF WHAT UNTRY? USA                  |
| I within n pencil i Examiner Examiner File page and in an   | 13.                   | FATHER'S NAME Unknown  | 14. MOTHER'S MAIDEN NAME Unknown  |   |
|   | 1S<br>(Y              |  | Stuart L. Snowden, Scarsdale, N   | У.  |
| be executed "pending" hief Medical onsit permit.  |                       | 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)   | cclusion  | INTERVAL BETWEEN<br>ONSET AND DEATH       |
| e, writing the word "pending" is forworded to the Chief Medical to used os o burial-tronsit permit.   |                       | Conditions, if ony, which gove )  (b) Quleringselve  | who Ht. Disease   | whom                                      |
| certificate s<br>writing the<br>prworded to<br>used os o b<br>buriol, crem  |                       | rise to immediate couse (o), stating the underlying couse lost.  |   |   |
|   | ATION                 | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO   | THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)   | 19. WAS AUTOPSY PERFORMED? YES NO         |
| fice find   | MEDICAL CERTIFICATION | 20o. EXTERNAL CAUE WAS 20b. DESCRIBE HOW INJURY OCCURRED PRIMARY □ or CONTRIBUTING □ CAUSE OF DEATH.   | ). (Enter noture of injury in Port I or Port II of item 1B.)                                      |   |
|   | MEDICAL               |  | LACE OF INJURY (Home, form, ctory, street, office bldg., etc.) 20f. (City or town) (Con           | unty) (Stote)                             |
| L EXA ecute Poge or you R:Pag   |                       | 21. I certify that I took charge of the remains described above, I   | neld on Autopsy, Inspection, Inquiry,   | ond in my opinion                         |
| e ex<br>itor.<br>icto   |                       | death resulted from: Naturol couses 🗐 , Accident 🔲 , Su  |   | ]   |
| Y MEDICAL EXA , please execute ol director. Page retoined for you L DIRECTOR: Page its designated o   |                       | ACTUAL SIGNATURE alfred R. manyamor  | CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER                      | 22. DATE SIGNED.                          |
| EPUTY<br>issary, p<br>funeral<br>oy be r<br>inverAL<br>ith or it  |                       | EXAMINER'S NAME (Type) Alfred R. Maryanov, MD  | DEPUTY MEDICAL EXAMINER 610 Race S Address (Street, city, town, or count ambridge                 | Monuleand                                 |
| TO DEPUTY MEDICAL EXAMIN necessary, please execute the the funerol director. Page 4 st 5 may be retained for your fi TO FUNERAL DIRECTOR: Page 3 Health or its designated agent   |                       | Burial, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF CEME | R CREMATORY Home 23d. LOCATION (City or Town) Washington, D. C                                    | (County) (Stote)                          |
| VR A15ME (5)  | 2                     | FUNERAL DIRECTOR LeCompte Funeral Service, Cambridge, Ma   | aryland 250. REC'D BY REGISTRAR 256. REGISTRAR'S S  |   |

VR A15ME (5) 6M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death the funeral 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) deal PLACE OF DEATH b. COUNTY a. STATE o. COUNTY RC hester MARYLAND hin 72 haurs after by The Pages c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) IS RESIDENCE ON A FARM? filled in d STREET ADDRESS papers. INSTITUTION (If hot in, hospital, give street address OR YES NO Month Year 4. DATE Doy Wit. 3. NAME OF carban campletely DECEASED 1966 a e 0 Millie DEATH (Type or print) event, IF UNDER 1 YEAR IF UNDER 24 HRS. AGE (In yeors S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Hours Doys 12/4 DIVORCED WIDOWED and in any and 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or fareign country) during most of working life, even in retired) COUNTRY? 215.9. Home physician AJOUSEWi 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME attending p WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFÓRMANT (Yes, no, or unknown) (If yes give wor or dotes of service P KNOWX KNOWN crematian, INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line fo) (a) (b), ond (c). signed by the burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO burial, Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse Health prior ta has been the lost 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO TO FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) far 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH State Dept. of (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20e. PLACE OF INJURY (Home, form, (City or town) (County) 20d: INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) 1 6 Hour an Not While ot work 1965 1966, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased from Dobe retained 19 6, and that death accurred at 2 m. M. fram causes and an the date stated abave. saw the deceased alive an 22b. DATE SIGNED 22o. SIGNATURE DIRECTOR PHYS M.D. director, page 3 shauld be filed v 22d. ADDRESS 22c. PHYSICIAN'S 54 NAME (Type) 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) 23o. BURIAL, CREMATION, Near Hurlock, Maryland PEMOVAL (Specify) Washington Cemetery Oct. 29,1966 2Sb. REGISTRAR'S SIGNATUR 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR ADDRESS VR A15 (4) DATE 20 M 1/66

Roor during, sand Doc. 9, 1986 | Ballington Centers MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE

IF UNDER 1

Months

YEAR

12. CITIZEN OF WHAT

COUNTRY?

U.S.A

(County)

Dor.

(County)

DEPUTY MEDICAL EXAMINER

250. REC'D BY REGISTRAR

Address (Street, city, town, or county)

23d. LOCATION (City or Town)

Linton, Indiana

ON A FARM?

IF UNDER 24 HRS

Hours

INTERVAL BETWEEN

ONSET AND DEATH

33 days

19. WAS AUTOPSY

PERFORMED?

Md.

and in my apinian

22. DATE SIGNED

(Stote)

10/18/66

(Stote)

66

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Ltem #1d Film #G382 10/27/66 pc

FOR STATE HEALTH DEPTA

> PM3. Poge and 3 to

> > form

pencil in Item 18. Give Pages

Office olong

This certificate should be executed within 24 hours ofter death.

rd 'pending' in pencil in Chief Medicol Exominer's

the certificate, writing the word 4 shauld be forwarded to the C

the funeral director.

certificate,

EXAMINER:

TO DEPUTY

delay

Deportment of deoth. ofter hours e Stote 1 72 hour the within with event and File and or removal, cremotion, buriol, o pe 0 prior 3 should its designoted agent,

Monday (i) FUNERAL DIRECTOR: Poge Heofth or 0

CERTIFICATION

EXAMINER'S NAME (Type

BURIAL, CREMATION,
BURIAL, (Specify)

John Mace Jr.

24. FUNERAL DIRECTOR
LeCompte Funeral Service, Ca mbridge, Maryland

MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY Dor. Derchester MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 1 Me. Cambridge Cambridge d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS E-1819 F-190 WARFE (A) F-1819 Cambridge Hospital Glenburn Ave. Travers St. 3. NAME OF Middle First Lost 4. DATE UECEASED Robecca Squires Oct. DEATH S. SEX 6. COLDR OR RACE 8. DATE DF BIRTH AGE (In years 7. MARRIED NEVER MARRIED birthdoy) 1876 901 DIVORCED WIDOWED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) during was working life, even if retired) INDUSTRY Indiana 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rubin Squires Unknown 15. WAS DECEASED EVER IN U.S. ARMED EDRCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unknown) (If yes give wor or dotes of service) Cambridge Hespital Records 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY Congestive heart failure IMMEDIATE CAUSE (o) DUE TO Fracture neck r. femur Conditions, if ony, which gove (b) rise to immediate couse (a), DUE TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 200. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b. DESCRIBE HDW INJURY DCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) Fell while walking in Nursing Home. CAUSE OF DEATH 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Day, Year 3PM Hour o.m. While Nursing Hone 9-15-6610 A Cambridge of work of work Inspection A 21. I certify that I taak charge of the remains described above, held an Autapsy Inquiry Accident A. death resulted fram: Natural causes Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE

23c. NAME OF CEMETERY OR CREMATORY Fairwiew Cemetery

VR A15ME (5) 6M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH within 24 hours after death death the funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. -COUNTY o. COUNTY-Derchester MARYLAND within 72 hours after b. CITY OR TOWN (If outside corparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If gutside carparate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) AMBRIDGE. e. IS RESIDENCE ON A FARM? YES NO .⊑ papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS filled 3 NAME OF Middle 4 DATE Year corbon Last Manth Day completely DECEASED 30 1966 cremotion, or removal, and in any event, (Type or print) DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX NEVER MARRIED DATE OF BIRTH remove last birthdoy) Months Days Hours Yrs. WIDOWED DIVORCED ond 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT (County & State, or fareign country) ease during most of warking life, eyen if retired) **COUNTRY?** Home physician on please HOUSE WIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no ar unknown) (If yes give war or dates af service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH buriol-tronsit IMMEDIATE CAUSE (o) by DUE TO buriol Conditions, if ony, which gove rise to immediate cause (a), DUE TO stoting the underlying couse be retained by the hospital or ottending os the priar to FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) use CERTIFICATION be detached for use State Dept. of Health NO 20g ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW WIJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City or tawn) (County) (Stote) foctory, street, office bldg., etc.) Nat While ot work at work 21. I certify that (I) (this haspital) attended the deceased fram 19 30, 1966 that 15 (we) last director, page 3 should should be filed with the 1966, and that death accurred at Q15 M, fram causes and an the date stated above. saw the deceased alive an Oc. I 22b. DATE SIGNED 22a, SIGNATURE ATTENDING DIRECTOR PHYS Poge 4 moy b 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify)
Burial East New Market, Dorchestermd. Nov. East New Market Cemetery 1966 ADDRESS 2So. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Transton 1966 Rderalstura

THE REPORT OF THE PROPERTY OF Total Control and the Control of the

| - 2-  |    | d             | 14117  | DE               | CERTIFICATE                             | OF DEATH                       |  | 14117   |
|---|----|---------------|--|------------------|---|--------------------------------|--|---|
| s after death. the funeral ages 1 and 2 rs after death.   |    | (             | COUNTY DOYN P  | eter             | MARYLAND                                | o. STATE                       | Where deceased lived, if institut<br>b. COUN | ITY Caroline  |
| be executed within 24 haurs after death and campletely filled in by the funeral e remove carbon papers. Pages I and 1 in any event, within 72 hours after death |    |               | CITY OR TOWN (If outside corpored write RURAL and give negres) ow  | el rura          | c. AENGTH OE STAY IN 1b                 | c. CITY OR TOWN (IF o          | rside corporote limits, write RUI            | e. IS RESIDENCE   |
| thin 24<br>filled in pape<br>rithin 72  | 13 |               | Easton Sho   | First            | He Hosp-                                | Lost                           | V None                                       | ON A FARM? YES NO P                                       |
| ecuted wit<br>campletely<br>ove carbar<br>y event, wi   |    | S. S          | Type or print)  EX  6. COLOR OR RA   |                  | ☐ NEVER MARRIED ☐                       | 8. DATE OF BIRTH               | 9. AGE (In years                             | IF UNDER I YEAR   IF UNDER 24 HR<br>Months Doys Hours Min |
|   |    |               | USUAL OCCUPATION (Give kind of working most of working life, even if retired)  |                  | DIVORCED DIVORCED DUSTRY                |                                | y & State, or foreign country)               | 12. CITIZEN OF WHAT COUNTRY?                              |
| th certificate by Jing physician Then please remayal, and i   |    |               | FATHER'S NAME  | hnon             |   | 14. MOTHER'S MAIDEN            | NAME   | 404   |
| requires that the death certificate physician signed by the attending physician burial-transit permit. Then pleas burial, cremation, ar remayal, an             |    | 15            | James S. Scri<br>WAS DECEASED EVER IN U.S. ARMED FO<br>I, no, or unknown) (If yes give wor or  | RCES? 16. 5      | SOCIAL SECURITY NO. 17. 18<br>8-20-4494 | ILIZA JACINEORMANT             | Hospita                                      | 155   |
| that the dear<br>an.<br>by the attenc<br>transit permit<br>cremation, ar  |    |               | 1B. CAUSE OF DEATH (Enter only o<br>PART I. DEATH WAS CAUSED B'<br>IMMEDIATE   | AUSE (o) Co.     | (o), (b), and (c).) Accenome of         | Medias                         | Lensem                                       | INTERVAL BETWEEN ONSET AND DEATH                          |
| equires that the physician. signed by the burial-transit burial, crema  |    |               | Conditions, if ony, which gove rise to immediate cause (o),  | (b)              | 0                                       | -                              |  |   |
| 5, 5 9 5  |    |               | stoting the underlying couse soft.  PART II. OTHER SIGNIFICANT CONDITIONS  STATE OF THE SIGNIFICANT CONDITIONS | (c)              | O DEATH RUT NOT RELATED TO              | THE TERMINAL DISEASE CO        | ONDITION GIVEN IN PART 1(o)                  | 19. WAS AUTOPSY<br>PERFORMED?                             |
| IAN: The law of a strendir ficate has bee far use as the Health priar!  | 0  | CERTIFICATION | 20o. ACCIDENT WAS UNDERLYING   | nie Be           | SCRIBE HOW INJURY OCCURRED.             | some.                          |  | PERFORMED? YES NO   |
| of Title  |    | MEDICAL CERT  | OR CONTRIBUTING ☐ CAUSE OF DEATH<br>(IF EITHER, NOTIFY MEDICAL EXAMINER<br>20c. TIME OF INJURY Month, Day, Y   |                  | JURY OCCURRED 20e. PLA                  | m e<br>CE OF INJURY (Home, for | m, 20f. (City or town)                       | (County) (Stote)  |
| by the After the be de State  |    | MED           | P.m.   | 19 While of work | ded the deceased from                   | S-1-66                         | 19 to 10 -5-6                                | (6, 19, that (H) (we) I                                   |
| OR ATTENDIN<br>be retained by<br>DIRECTOR: After<br>38 3 should be  |    |               | saw the deceosed alive   | on 10 - 5        |   | t death occurred a             | 1631 AM M, from couses                       | ond on the date stated abo                                |
| De be   | 1  |               | 22c. PHYSICIAN'S WAME (Type) John  | B. W             | ebster M.I                              | D. PHYS. 22d. ADDRESS          | MED. STAFF PHYS. D                           | State Hosp.   |
| TO HOSPITAL OI<br>Page 4 may be<br>TO FUNERAL DIR<br>director, page<br>shauld be filed  | •  | 230           | BURIAL, CREMATION, 23b. D/   | TE THEREOF       | 23c. NAME OF CEMETERY OR                | CREMATORY                      | 23d. LOCATION (City or To                    | wn) (County) (Stote)                                      |
| VR A15 (4)  |    | 24            | FUNERAL DIRECTOR   | 2,7,00           | ADDRESS                                 |                                | 'D BY REGISTRAR 2Sb. RE                      | GISTRAR'S SIGNATURE                                       |

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TO FUNERAL BIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

| MARYLAND STATE DEPARTMENT OF HEALTH  |        |       |
|--|--------|-------|
| DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE | 1, MAR | YLANI |
| CERTIFICATE OF DEATH   | 141    | 2     |

|     |               | PLACE DF DEATH e. COUNTY  | 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission |
|-----|---------------|---|--|
|     |               | 1)000 10000   | e. STATE b. COUNTY   |
|     | -             |   | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town      |
|     |               | / /write RURAL end give pearest town)   | E+ X/- M1K-+   |
|     |               | Hurloch Lyrs 1  | Lasi New May No 1  |
| 9   | -             | d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  | d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?  |
| 0   | 6             | Delle Haven Vursing Home  | YES NO   |
| Н   | 3.            | NAME DF First Middle  | Last   4. DATE Month Day Year  |
| 1   |               | OECEASED (Type or print) Land Pauline The   | omas   OF DEATH 10 3 1966  |
|     | 5.            | SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8.  |  |
|     | E             | emale white WIDOWED DIVORCED 8  | 12/10/3 // yrs.  |
|     | 10a           | a. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR ring most of working life, even if retired)   INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT              |
|     | duii          | Vene  | Maryland G.S.H.  |
|     | 13.           |   | 14. MOTHER'S MAIDEN NAME   |
|     | 7             | tubert W. Bounds  | Elizabeth Illalone   |
|     | 15.           |   | NFORMANT Address   |
| į.  | (16:          | es, no, or unkown) (1969 give war or dates of service)  | Leland Bockwith In Kast New Merke  |
|     | T             | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]   | INTERVAL BETWEEN   |
|     |               | PART I. DEATH WAS CAUSED BY: Chinic Corollog Loca   | enquie to E Corongy Schemes Byis   |
|     |               | 420   | June 1   |
|     |               | Conditions, If any, which ) Concerning Asterna  | voctions Voyv  |
|     |               | gave rise to immediate  | { V / ( /Long )  |
|     |               | cause (a), stating the OUE TO   |  |
|     | Z             | underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATE                         | ED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY             |
| 3   | A J           | O / //  | PERFORMED?   |
|     | FIG           | Bilitian I templeger Milliouly desery   |  |
|     | CERTIFICATION | 20a. ACCIDENT WAS UNDERLYING TO COURT OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)                     | RED. (Enter nature of injury in Part I or Part II of Item 18.)                       |
|     | 9 8           |   |  |
|     | ICA           | factory   | E OF INJURY (Home, farm, 20f. (City or town) (County) (State)                        |
|     | MEDICAL       | Hour, a.m. While at work at work  |  |
|     |               | 21. I certify that (I) (this hospital) attended the deceased from 10/   | 190 1965 to 10/3 1966, that (1) (we) las   |
|     |               | saw the deceased alive on 1013 19 66, and that d  | death occurred at 4.54M, from the causes and on the date stated above                |
|     |               | 22a. SIGNATURE  | 22b. DATE SIGNED   |
|     |               | Twee of Volumen M.D.  | ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.  |
|     |               | 22c. PHYSICIAN'S  | 22d. ADDRESS   |
|     |               | NAME (Type) Hurda. 13. Plyman NID   | Preston Many land.   |
|     | 23a           |   | OR CREMATORY / 23d. (COCATION (City, town or county) (State)                         |
|     | 1             | Surial (specify) 10/5/66 East New 1   | Market East New Morket 1114  |
| 1   | 24.           | FUNERAL DIRECTOR ADDRESS?   | 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE                                   |
| 1   | X             | ath A. Willoughty Gest / an Market,   | DATE OCT 7 1966 Icharles Judge   |
| . 7 |               |   |  |

VR A15 (4) 15M 4-64

• 18 Warthard Think The last Wife cands Elizabeth Markness Mishall with the water I well- with I will delight that out that Extend the Hardet III

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

| 122  |               | 14119   | A STATE OF  | CERTI  | FICALE OF L                               | JEAIH                                   |  | 14119                   |                           |
|--|---------------|---|---|--|---|---|--|-------------------------|---------------------------|
| funeral<br>1 ond<br>er deoth   |               | PLACE OF DEATH O. COUNTY Doro   | chester   | MA   | 2. USUAL<br>a. STAT                       |   | eceased lived, if institut<br>b. COUI  |                         | . 0                       |
| aft  |               | o. CITY OR TOWN (If autside write RURAL and give no Cam bridge  | carnarate limits                                      | c. LENGTH OF STAY                                    | IN 1b c. CITY OF                          | R TOWN (If autside ca                   | rparate limits, write RU               |                         |                           |
| and completely filled in by the remove carbon popers. Pagin ony event, within 72 haurs | -             |   |   | 2 wk:  |   | McDani e                                | 3T                                     | e.                      | . IS RESIDENCE            |
| ed ii  |               | Cambridge   |   |  |   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  |                         | ON A FARM?                |
| 章 真  | 3.            | NAME OF   | First   | Middle   | II  | est 4. D/                               | ATE Mont                               |                         | Year                      |
| arbo<br>r, w   |               | DECEASED<br>(Type or print)   | James   |  | Thom                                      | as of                                   | ATH Octob                              |                         | 19 66                     |
| mple<br>e co   | S.            |   |   | ARRIED NEVER MARRI                                   |   |   | 9. AGE (In years<br>last birthday)     |                         | IF UNDER 24 HRS.          |
| d co<br>mov  |               | Male Ne   | egro WII  | DOWED DIVORC   | T.YerT •                                  | 18,1910                                 | 56 yrs.                                |                         |                           |
| e c  | 10a           | USUAL OCCUPATION (Give king most of working life, ever  | if retired)   | 10b. KIND OF BUSINESS OR INDUSTRY                    |   | HPLACE (County & State,                 | or fareign country)                    | 12. CITIZEN OF COUNTRY? | WHAT                      |
| ond ii   |               | ng mast of working life, ever   |   | Druck Drive  |   | er's MAIDEN NAME                        | Co., Md                                | USA                     |                           |
| 2  | 13.           |   | orge Ros  | C  | 14. 7011                                  | Arenda                                  | Fanola                                 |                         |                           |
|  | 15.           | WAS DECEASED EVER IN U.S.   | ARMED FORCES?   | 1 16 SOCIAL SECURITY NO                              | 17. INFORMANT                             |   | Ennels                                 | ess                     |                           |
| 0  | (Ye           | s, no, or unknawn) (If yes g  | ve war ar dates of servi                              | (e) 221-05-99  | 58 Jenni                                  | le Wilkin                               | e Camb                                 | ridge, M                | 6.40                      |
| buriol, cremotion, or removal, and i   |               | IB. CAUSE OF DEATH (ERPART I. DEATH WAS  5501  Canditions, if any, which it rise to immediate cause stating the underlying co | CAUSED BY:  MMEDIATE CAUSE (a)  DUE TO  Gave (a), (b) | line for (a), (b), and (c).) Peritonitis Ruptured    |   | tis.                                    |  | ONSE                    | days                      |
| Nor use as the Health priar to   | NOI           | last.   |   | BUTING TO DEATH BUT NOT RI                           | LATED TO THE TERMINA                      | AL DISEASE CONDITION                    | GIVEN IN PART 1(a)                     | F                       | WAS AUTOPSY<br>PERFORMED? |
| 0  | CERTIFICATION | 20a. ACCIDENT WAS UNDER<br>OR CONTRIBUTING ☐ CAUS<br>(IF EITHER, NOTIFY MEDICAL   | E OF DEATH  | 205. DESCRIBE HOW INJURY                             | OCCURRED. (Enter natur                    | re af injury in Part I a                | r Part II of item 18.)                 | 110                     | 110 (29                   |
| ote Dept.  | MEDICAL       | 20c. TIME OF INJURY Mai<br>Haur a.m.<br>p.m.  | 19  | 20d. INJURY OCCURRED While Not While at wark at wark | 20e. PLACE OF INJUR<br>factory, street, a | iffice bldg., etc.)                     | 20f. (City ar tawn)                    | (County)                | (State)                   |
| should be<br>vith the Stot   |               | saw the decease   | (I) (this haspital)                                   | attended the deceased                                | fram $10-1$ and that death a              | 0- , 19 <u>66</u><br>accurred at        | _, ta <u>10-25-</u><br>_M, fram causes | and an the date         | stated abave              |
| n >  |               | 22a. SIGNATURE  | Glista  | ni)  | M.D. ATTEND                               |   | OR STAFF PHYS.                         | 22b. DATE SIGNE         | o<br>27.1966              |
| director, page shauld be filed   |               | 22c. PHYSICIAN'S<br>NAME (Type)   | . Edyin   | Fassett, M.  |   | ADDRESS Pine S                          | Street C                               |                         |                           |
| shauld be  | 230           | BURIAL, CREMATION,  | 23b. DATE THEREOF 10/28/66                            |  | METERY OR CREMATORY                       |   | d. LOCATION (City or To                |                         | (State)                   |
| W  | 24            | . FUNERAL DIRECTOR  | 1   | ADDRESS  |   | 2Sa. REC'D BY RE                        | GISTRAR 2Sb. RE                        | GISTRAR'S SIGNATURE     |                           |
| 15 (4) . P   | -             | Hebriek (   | V. Drie   | il Cambr   | idge, Md.                                 | . DATE OCT                              | 28 1966                                | Munices                 | Judas.                    |

Experience in the commence of the control of the co gitti STATE TO SERVICE THE SECOND STATE OF THE SECON 

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

4120

MARYLAND STATE DEPARTMENT OF HEALTH

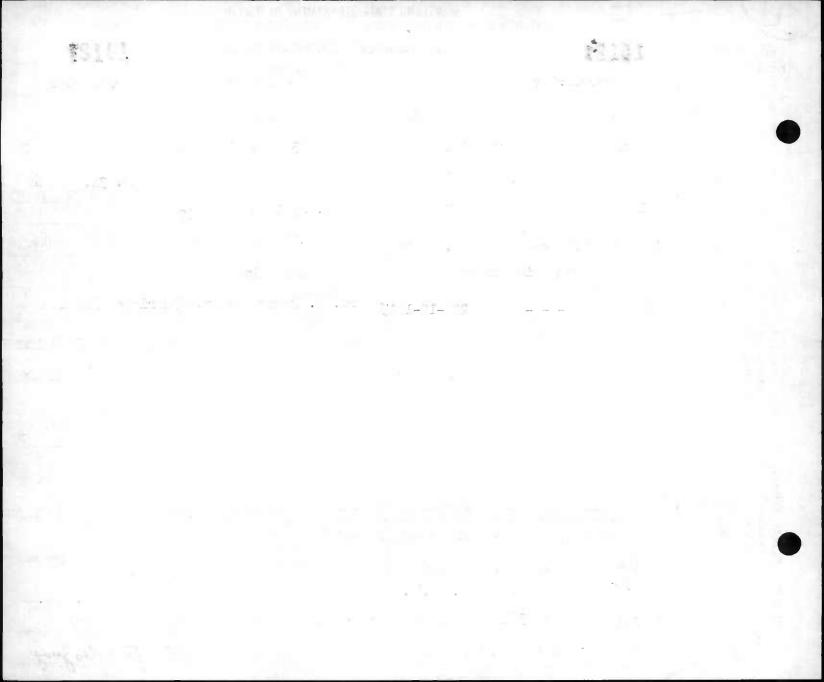
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 1/1190

|   |   |   |                      | -/ E A   |  |  |  |  |
|---|---|---|----------------------|--|--|--|--|--|
| 1. PLACE OF DEATH  •. COUNTY Dorchester  MARYLAND   | 2. USUAL RESIDEN  | CE (Where deceesed lived, If land b. COUN       | institution: Residen |  |  |  |  |  |
| b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)  Cambridge  c. LENGTH OF STAY IN 1b  3 days  |   | If outside corporete limits, write<br>Cambridge | RURAL end give       | neerest town)  |  |  |  |  |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Cambridge Maryland Hospital  | d. STREET ADDRESS Hudson  | RFD #3  |                      | o. IS RESIDENCE<br>ON A FARM?<br>YES NO                                  |  |  |  |  |
|   | THOMAS Last   | 4. DATE Month OF DEATH                          | Oct. 24,             | Yeer<br>19 66  |  |  |  |  |
| Male White WIDOWED DIVORCED X   | . date of Birth<br>eb. 13, 1902   | 04 yrs.   | Months Deys          | IF UNDER 24 HRS.<br>Hours Min.   |  |  |  |  |
| 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tool Maker  10b. KIND OF BUSINESS OR INDUSTRY Electronics   | Y 11. BIRTHPLACE (Coun  |   | 12. CITIZEN O        | F WHAT COUNTRY   |  |  |  |  |
| Charles F. Thomas   | 14. MOTHER'S MAIDEN Annie St  |   |                      |  |  |  |  |  |
|   | nformant<br>ss Luise Tho  | mas, York, Pen                                  |                      |  |  |  |  |  |
| PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (e)   | scular  | Accident  |                      | TERVAL BETWEEN USET AND DEATH TO THE |  |  |  |  |
| Conditions, if eny, which by general  | Conditions, if eny, which 7 (b) generalized Auteriosclerosis 1/r.             |   |                      |  |  |  |  |  |
| geve rise to immediate cause (e), stating the underlying cause lest, (c)  |   |   |                      | /  |  |  |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  200. ACCIDENT WAS UNDERLYING 2 20b. DESCRIBE HOW INJURY OCCURRENT OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | ellitus   |   |                      | 9. WAS AUTOPSY PERFORMED? YES NO   |  |  |  |  |
|   | CE OF INJURY (Home, fermory, street, office bldg., etc.                       |   | (County)             | (Stete)  |  |  |  |  |
|   | 21. I certify that (I) (this hospital) attended the deceased from 22. (19, to |   |                      |  |  |  |  |  |
| 220. SIGNATURE ATTENDING THED. STAFF (1/25) SIGN  |   |   |                      |  |  |  |  |  |
| 22c. PHYSICIAN'S NAME (Type) LZWVENCE Maryanov  | GIORESS RA  | cest Car  | nbridge              | · Md   |  |  |  |  |
| 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY CREMOVAL Specify Oct 28 1966 Prospect Hill  |   | York Pen  |                      | (Stete)  |  |  |  |  |
| 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS LeCompte Funeral Service, Cambridge, Mary   |   | OCT 27 1966                                     | BISTRAR'S SIGNA      |  |  |  |  |  |

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

| 14121   | MEDICAL EXAMINER'S   | CERTIFICATE OF DEATH   | 14121  |
|---|--|--|--|
| DEP).  1. PLACE OF DEATH  0. COUNTY Dorchester  | MARYLAND   | 2. <b>USUAL RESIDENCE</b> (Where deceosed liv<br>o. STATE Maryland | ved, if institution: Residence before admission) b. COUNTY Dorchester                  |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  d. NAME OF HOSPITAL OR INSTITUTION (If not in   | c. LENGTH OF STAY IN 16  | c. CITY OR TOWN (If autside carparate lin                          | nits, write RURAL and give nearest tawn)   |
| d. NAME OF HOSPITAL OR INSTITUTION (If not in Cambridge Maryland Ho   | n hospital, give street address) Spital                          | d. STREET ADDRESS<br>403 Atlantic Ave                              | e. IS RESIDENCE ON A FARM2. YES NO   |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)  d. NAME OF HOSPITAL OR INSTITUTION (If not in Cambridge Maryland Ho  3. NAME OF DECEASED (Type or print)  S. SEX Male  100. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) | FRANK TURI   | DEATH  | Month Doy Year Oct. 31, 19 66  |
| S. SEX Male 6. COLOR OR RACE 7. White   | WIDOWED DIVORCED D   | B DATE OF BIRTH Mar. 8, 1904  9. AGI                               | E (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS.  birthdoy) Months Doys Hours Min.  2 yrs. |
| 100. USUAL OCCUPATION (Give kind of work done dyrigg most of work he life even if retired)  | 10b. KIND OF BUSINESS OR Md. State                               | 11. BIRIHPLACE (Stote or foreign country Cambrid e, Marylan        | nd 12. CITIZEN OF WHAT COUNTRY? USA  |
| 13. FATHER'S NAME  Benjamin Tu  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   | ırner  | 14. MOTHER'S MAIDEN NAME Mary Elzey                                |  |
|   | 16. SOCIAL SECURITY NO. Mrs                                      | NFORMANT<br>S. W. Frank Turner,                                    | Cambridge, Maryland  |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o).  434  Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse  DUE TO  | oer line for (o), (b), ond (i).) Pulmonary edema Congestive Hear |  | INTERVAL BETWEEN ONSET AND DEATH IO WIDS  1 day  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONT  |  |  | PERFORMED? YES NO  |
| PRIMARY Or CONTRIBUTING CAUSE OF DEATH  | 20b. DESCRIBE HOW INJURY OCCURRED.                               | (Enter noture of injury in Port I or Port II of                    | item 1B.)  |
| D.M. 17   | While of work of work foct                                       | ory, street, office bldg., etc.)                                   | y or town) (County) (Stote)  |
| 21. I certify that I took charge a  | f the remains described abave, he                                | ld on Autopsy 🔲, Inspection [                                      | x, Inquiry , ond in my opinion   |
| 21. I certify that I took charge a death resulted from: Notural c   | auses 🛣 , Accident 🔲 , Suic                                      |  | ermined monner   |
| ACTUAL SIGNATURE SIGNATURE  | 22000  | CHIEF MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER                 | 22. DATE SIGNED  |
| EXAMINER'S NAME (Type) John Mac   | e Jr. M.B.   | M.D. ASSISIANT MEDICAL EXAMINER                                    | 11/1/66  |
|   |  | CREMATORY 23d. LOCATIO   | N (City or Town) (County) (Stote)  |
| BRING Specify) Nov 3 19   | Dorchester Me  | Morial Park   Camb   | oridge, Maryland  25b. REGISTRAR'S SIGNATURE   |



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY COUNTY MARYLAND (If outside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tow 11. RAL IS RESIDENCE ON A FARM? (If not in hospital, give street address) YES NO 3. NAME OF Middle 4. DATE Month DECEASED OF 19 66 (Type or print) 5 SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years Months Dovs Hours WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? 13. FATHER'S NAME 14. MOTHER'S WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT (Yes, np, or unknown) (If yes give wor or dotes of service) INTERVAL BETWEEN ONSE AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: neumo mo IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Dov. Year (City or town) (County) (Stote) Hour o.m foctory, street, office bldg., etc.) Not While ot work ot work 21. I certify that (1) (this haspital) attended the deceased from Ob -1966 . to 10-8-66, 1966, that (1) (44) last 19 66, and that death accurred at 6 5 M, fram causes and an the date stated above. saw the deceased alive an 10-8 22o. SIGNATURE 22b. DATE SIGNED DIRECTOR V M.D. PHYS PHYS 22d. ADDRESS 22c. PHYSICIAN NAME (Type) FELI PF BURIAL CREMATION 23b. DATE THEREOF OR CREMATORY LOCATION (City or Town) (County) (State) REMOVAL (Specify) AMALOR 24. FUNERAL DIRECTOR 2So. REC'D 2Sb. REGISTRAR'S SIGNATURE

TO FUNERAL DIRECTOR: After VR A15 (4) 20 M 1/66

director, page 3 should should be filed with the

executed within 24 hours after death.

requires that the death certificate

Page 4 may be retained by the hospital or attending physician.

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be detoched for use as the State Dept. of Health prior to

physician

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burial, cremation, or removol,

23. 450 . 1 . 3

THE REPORT OF REPORTS AND ADDRESS OF THE PARTY OF THE PAR

## MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS 301 W PRESTON STREET BALTIMORE MARYLAND 21201

|                       | 1412  | 3   |                       | CERTIFICATE                             | OF DEATH   |   | 14              | 123                                      |
|-----------------------|---|---|-----------------------|---|--|---|-----------------|--|
|                       | LACE OF DEATH<br>D. COUNTY  | DORCHE S TER  |                       | MARYLAND                                | o. STATE   | Y LAN D                                   | OUNTY<br>KENT   | /  |
| DI                    | . CITY OR TOWN (  | If autside carparate limit<br>d give nearest tawn)<br>3 R I D G E | s,                    | c. LENGTH OF STAY IN 16                 | RT. 2, CH  | outside corporate limits, write           | RURAL and give  | neorest town)                            |
| (                     | . NAME OF HOSPIT  | AL OR INSTITUTION (If n   |                       | give street address)                    | d. STREET ADDRESS  | ES TER TO WIR                             | TE 12           | e. IS RESIDENCE<br>ON A FARM?            |
|                       |   | HORE STATE  |                       |   |  |   |                 | YES X 2 100                              |
| -                     | NAME OF<br>DECEASED<br>Type or print)   | AME   | rst<br>LIA            | Middle                                  | Lost<br>WATSON   | OF DEATH OCTOB                            |                 |  |
| 5. S                  | EX FEMALE   | 6. COLOR OR RACE WHITE  | 7. MARRIED<br>WIDOWED |   | 8. DATE OF BIRTH 10/7/82                                   | 9. AGE (In years last birthdoy)<br>84 yrs | Manths          | YEAR IF UNDER 24 HRS.<br>Days Hours Min. |
| 0a.<br>Iuri           | USUAL OCCUPATION ng most of warking - House   | N (Give kind of work done<br>life, even if retired)<br>WITE       |                       | (IND OF BUSINESS OR<br>NDUSTRY          | 0 H I O  | y & Stote, or fareign cauntry)            |                 | ZEN OF WHAT<br>NTRY?<br>S.               |
| 13.                   | FATHER'S NAME   |   |                       |   | 14. MOTHER'S MAIDEN  |   |                 |  |
|                       | JESSE D   |   |                       |   |  | C. WALTER                                 |                 |  |
| IS.<br>(Ye:           | WAS DECEASED EVI<br>s, no, or unknown)<br>NO  | R IN U.S. ARMED FORCES?<br>(If yes give war or dotes              | . f M                 | 07 40 0407                              | INFORMANT<br>DSPITAL RECO                                  |   | ldress          |  |
|                       | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  MYSEAR deal   |   |                       |   | infarel  | in.                                       |                 | INTERVAL BETWEEN<br>ONSET AND DEATH      |
|                       | 4201<br>Conditions, if ony<br>rise to immediat<br>stating the under<br>last.  | DUE, which gave ) te cause (a),                                   | 10<br>(b) a           | iteral hy                               | perters  | em  |                 |  |
| ATION                 |   | IGNIFICANT CONDITIONS   | ONTRIBUTING           | TO DEATH BUT NOT RELATED TO             | THE TERMINAL DISEASE CO                                    | ONDITION GIVEN IN PART 1(a)               |                 | 19. WAS AUTOPSY PERFORMED? YES NO        |
| MEDICAL CERTIFICATION | 20a. ACCIDENT WA<br>OR CONTRIBUTING<br>(IF EITHER, NOTIFY   | S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)                    | 20b. D                | ESCRIBE HOW INJURY OCCURRED.            | (Enter nature of injury in                                 | Port I or Port II of item 18.)            |                 |  |
| MEDICAL               | 20c. TIME OF INJ<br>Hour a.<br>p.   | 10  | While                 |   | CE OF INJURY (Hame, far<br>tory, street, office bldg., etc |   | (Coun           | nty) (State)                             |
|                       | 21. I certify that (I) (this haspital) attended the deceased fram 3/26, 1964, to 10/14, 1966, that (I) (we) las saw the deceased alive on 10/14 1966, and that death accurred at 9:25 M, fram causes and on the date stated above |   |                       |   |  |   |                 |  |
|                       | 22a. SIGNATURE 22b. DATE SIGNED   |   |                       |   |  |   |                 |  |
|                       | 22c. PHYSICIAN'<br>NAME (Type   |   | SMITH,                | M.D.                                    | 22d. ADDRESS<br>E.S.S.H.                                   | OSPITAL, CAMB                             | RIDGE,          | Mp                                       |
| 230                   | BURIAL, CREMATI   | Oct   |                       | 23c. NAME OF CEMETERY OR<br>966 St. Pau | CREMATORY  | 23d. LOCATION (City or                    |                 | County) (State)                          |
| 24                    | Buria<br>NUNERAL DIRECTO  | 00-100  | Mach                  | ADDRESS estertown Me                    |  | D BY REGISTRAR 2Sb. 2Sb. 1966             | REGISTRAR'S SIG | SNATURE Judge                            |

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

Page 4 may be retoined by the hospital or ottending physicion.

VR A15 (4) 20 M 1/66

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to buriol, cremation, or emoval, and in any event, within 72 hours after death.

|  |                       | extrangual and a second |             |
|--|-----------------------|-------------------------|-------------|
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY MARYLAND Ronester CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) write RURAL and give negrest town! 340.10 mes, 6day 2 P d. NAME OF HOSPITAL d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION (If not in hospital, give street address) Raham YES NO X First Middle DATE Month Dov Year OF 15 19 6060 DEATH (Type or print) 6. COLOR OR RAC 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. AGE (In years 7. MARRIED **NEVER MARRIED** last birthday) Months Doys Haurs -10-73 3 WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY\_ UNKNOWI 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO 17. (Yes, no, or unknown) (If yes give wor or dotes af service INKNOW CAUSE OF DEATH (Enter only one couse per line for (o), INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Canditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse

executed within 24 hours ofter death ond funero eose remove corbon papers. Pages I and in any event, within 72 hours offer by the Pages completely filled in pleose remove corbon physician: and OR ATTENDING PHYSICIAN: The law requires that the death certifical cremation, or removol, attending phys permit signed by the buriol-tronsit p Poge 4 may be retoined by the hospitol or ottending physician. burio! has been be detached for use os the State Dept. of Health prior to TO FUNERAL DIRECTOR: After this certificate director, page 3 should should be filed with the O HOSPITAL

(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. 21. I certify that (this haspital) attended the deceased fram saw the deceased alive an ac

20o. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

20d. INJURY OCCURRED Nat While of work ot wark

20e. PLACE OF INJURY (Home, form, factory, street, affice bldg., etc.)

ATTENDING

22d. ADDRESS

20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.)

(City or town)

(County)

(Stote)

NO

19. WAS AUTOPSY PERFORMED?

YES [

and that death accurred at M, from causes and an the date stated above. 22b. DATE SIGNED

|                                | "UWINO | PLAN AL | h M    |
|--------------------------------|--------|---------|--------|
| 22c. PHYSICIAN'S<br>NAME (Type | EDWARS | LEWI    | S JR-M |
|                                |        |         |        |

66

23b. DATE THEREOF

Ĉ

23c. NAME OF CEMETERY OR CREMATORY 6

23d\_LOCATION (City or Town)

STAFF

(County (Stote)

REMOVAL (Specify) 24. FUNERAL DIRECTOR

BURIAL, CREMATION

22o. SIGNATURE

NAME OF

DECEASED

last

S. SEX

ADDRESS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO SEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART 1(0)

1966

25o. REC'D BY REGISTRAR

MED

DIRECTOR

VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral after 2. USUAL RESIDENCE (Where decessed lived, If Institution PLACE OF DEATH a. COUNTY Dorchester b. COUNTY Maryland Dorchester ま2年 MARYLAND by th death b. CITY OR TOWN (if outside corporala limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) write RURAL and give neerest lown) 8 days Fishing Creek Pages 1 urs after -filled d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) e. IS RESIDENCE ON A FARM? Cambridge Maryland Hospital None YES NO and completely tearbon papers. Int, within 72 hou completely 3. NAME OF 4. DATE Middle inci Month DECEASED OF HUBERT EDGAR. WILLEY DEATH Oct. (Type or print) 9. AGE (In yeers | IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED B. DATE OF BIRTH IF UNDER 24 HRS. 5. SEX last birthdey) June 19, 1906 Months e attending physician and Then please remove cark oval. and in any event, v Male White Min. WIDOWED DIVORCED | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired)
Waterman Seafood Dorchester Co., Maryland USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME John Elzey Willey Minnie Shorter 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) (If yes give weror detes of service) 214-07-9343 Mrs. Hubert E. Willey, Fishing Creek, Md. has been signed by the burial-transit permit. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 0 IMMEDIATE CAUSE (e) DUE TO attending Conditions, if env. which gave rise to immediate cause DUE TO certificate has by or use as the buri prior to burial, (a), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO M 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Pert I or Pert II of item 18.) this c OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached for the control of H WEDICAL 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ! 20f. (City or town) (Steta) DIRECTOR: After 3 should be detach the State Dept. of H factory, street, office bldg., etc.) While Not While et work | et work | 21. I certify that (I) (this hospital) attended the deceased from 196.6 that (I) (we) last saw the deceased alive on. 19 - 25 19 6 c, and that death occurred at 2 MM, from the causes and on the date stated above. 22b. DATE 22e. SIGNATURE ATTENDING SIGNED MED death. Page 4

TO FUNERAL

director, page 3

be filed with the PHYS. DIRECTOR M.D. HOSPITAL 22d. ADDRESS 22c. PHYSICIAN'S Baumann, MI Cambridge, Maryland NAME (Type) 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Oct 27 1966 REMOVAL (Specify) Dorchester Memorial Park Cambridge, Maryland 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** LeCompte Funeral Service, Cambridge, Maryland

VR A15 (4) 20M 5-63

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delay is

necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta the funeral directar. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3—Rage

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If

Health ar its designated agent, priar to burial, crematian, ar removal, and in any event within 72 hours after death

perhit. File pages 1 and 2 with the State Department

## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

| FOR STATE    | 14126             | MEDICAL EXAMINER'S CERTIFICATE OF DEAT |
|--------------|-------------------|--|
| HEALTH DEPT. | J. PLACE OF DEATH | 2. USUAL RESIDENCE (Where deceose      |

14126

| 1 | o. COUNTY Dorchester MARYLAND  | o. STATE Maryland b. COUNTY Dorchester   |  |  |  |  |
|---|--|--|--|--|--|--|
|   | b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)  Cambridge  c. LENGTH OF STAY IN 1b  12 years   | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Cambridge  09-1                            |  |  |  |  |
|   | d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) # 1, Travers Court Apt's  | d. STREET ADDRESS # 1, Travers Court Apt  e. IS RESIDENCE ON A FARM? YES \( \sum \) NO \( \sum \)                            |  |  |  |  |
|   | (Type of piliti)   | ILLIS, Jr OF OCt. 18 Doy Year  |  |  |  |  |
|   | Male White WIDOWED N DIVORCED  | Aug. 22, 1886  9. AGE (In yeors   IF UNDER 1 YEAR   IF UNDER 24 HRS   Months   Doys   Hours   Min.                           |  |  |  |  |
|   | 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Salesman  10b. KIND OF BUSINESS OR INDUSTRY   | Dorchester Co., Maryland   12. CITIZEN OF WHAT COUNTRY? USA  |  |  |  |  |
|   | John F. Willis   | 14. MOTHER'S MAIDEN NAME  Lottie J. Bennett  |  |  |  |  |
|   | 0/ 1 1 10/   | NFORMANT Address  Gordon Willis, Washington, D. C.   |  |  |  |  |
|   | 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gave rise to immediate couse (o), stoting the underlying couse  DUE TO  DUE TO  DUE TO | usion INTERVAL BETWEEN ONSET AND DEATH INSTANT   |  |  |  |  |
|   | lost. (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T  | HE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  19. WAS AUTOPSY PERFORMED? YES \( \text{NO} \) NO \( \text{X} \)           |  |  |  |  |
|   | E PRIMARY □ or CONTRIBUTING □ CAUSE OF DEATH.  | Enter noture of injury in Port I or Port II of item 1B.)   |  |  |  |  |
|   |  | (State) (County) (State) (City or town) (County) (State) (State) (City or town) (County) (State)                             |  |  |  |  |
|   | 21. I certify that I took charge of the remains described obove, held an Autapsy, Inspection _X_, Inquiry, and in my opinion death resulted from: Natural causes _X_, Accident, Suicide, Hamicide, Undetermined manner CHIEF MEDICAL EXAMINER          |  |  |  |  |  |
|   | EXAMINER'S NAME (Type) John Mace Jr. M.D.  | _M.D. ASSISTANT MEDICAL EXAMINER \ DEPUTY MEDICAL EXAMINER \ 10/21/66 Address (Street, city, town, or county) Cambridge. Md. |  |  |  |  |
| F | 230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR (   | REMATORY 23d. LOCATION (City or Town) (County) (Stote)   |  |  |  |  |
| 1 | Burra Specify Oct. 20 1966   Cambridge Cem  24. FUNERAL DIRECTOR  LeCompte Funeral Service, Cambridge, Mar   | 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE   |  |  |  |  |

VR A15ME (5)

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-trans

5 may be retained far yaur files.

1 2 1 1. L. 1. 2. 2 10 10 14. traction of them to the special of the state of the state

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH by the funeral Pages 1 and 2 requires that the death certificate be executed within 24 haurs after death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH a. STATE b. COUNTY o. COUNTY MARYLAND DORCHESTER DORCHESTER MARYLAND c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside corparate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest tawn) oan papers. Pag within 72 haurs EAST NEW MARKET MARYLAND d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? filled in I d. STREET ADDRESS NO T YES . EASTERN SHORE STATE HOSPITAL RFD DATE Year campletely f 3. NAME OF Lost DECEASED DEATH (Type or print) WALTER event OCTOBER IF UNDER 1 YEAR IF UNDER 24 HRS AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Months Haurs DIVORCED WIDOWED \* 75 yrs. MALE NEGRO -XXX85 1890 12. CITIZEN OF WHAT BIRTHPLACE (County & State, or foreign country)
Dorchester County 10b, KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind af wark done during most of working life, even if retired)

RETIRED KERK Farmer **INDUSTRY** COUNTRY? physician nen please Farming MARYLAND 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME remaya STEVEN YOUNG (maiden name unknown) 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, na, or unknown) (If yes give war or dates of service) ь RECORDS OF THE EASTERN SHORE STATE HOSPITAL INTERVAL BETWEEN 215-16-3617 burial, crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH signed by the burial-transit IMMEDIATE CAUSE (a) DUE TO Canditians, if ony, which gove rise to immediate cause (a), **DUE TO** stoting the underlying cause prior ta has been the lost WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO YES certificate PHYSICIAN: ğ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II af item 18.) 20g. ACCIDENT WAS UNDERLYING detached fr OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City or tawn) (Stote) 20d INITIRY OCCURRED 20e PLACE OF INJURY (Hame, farm, 20f. (County) 20c. TIME OF INJURY Month, Doy, Year TO FUNERAL DIRECTOR: After this Hour o.m. factory, street, affice bldg., etc.) Not While ATTENDING of wark 19 19 . that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased from be retained M. from couses and an the date stated above. and that death accurred at saw the deceased alive on 22b. DATE SIGNED 220. SIGNATURE DIRECTOR directar, page 3 shauld be filed v 22d. ADDRESS 22c. PHYSICIAN'S O HOSPITAL NAME (Type) 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) 23b. DATE THEREOF 23o. BURIAL, CREMATION, Near Vienna, Maryland Nov. 3, 1966 Salem Cemetery 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FLINERAL DIRECTOR VR A15 (4) 20 M 1/66 DATE

751.7 ANTENNA DE LA CONTRACTOR DE LA CONTRACTO STREET TRANSPORT TRAS TO STREET TRANSPORTED TO THE RESERVE THE PROPERTY OF THE PROPERTY OF THE PERSON OF 1881 22 0881 2x=50-01 ltd trave terms travel are serviced to the service of t ANTHORN THE TROOP (SPINE) THE TO SUSCIED VINE NOTE AND A STREET